

TEMPORALITIES OF EXCEPTION:
ABORTION LAW, FEMINIST ADVOCACY,
AND CLINICAL INTERVENTION IN MEXICO CITY

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A dissertation submitted to Johns Hopkins University in conformity with
the requirements of Doctor of Philosophy

Baltimore, Maryland
August 2016

Abstract

This dissertation explores how low-income women and feminist activists negotiate Mexico City's public abortion program against a backdrop of criminalization. In April of 2007, reforms to the Federal District Penal Code and Health Law outlined a regulatory framework for the Legal Interruption of Pregnancy (Interrupción Legal del Embarazo/ILE). While the Mexico City reforms, based on a broader social policy of the right to health, were designed to foster access for low-income women, they coincided with the severe criminalization of abortion practices across the country. Countering the reforms, eighteen states made laws to protect "life at the moment of conception," giving constitutional backing to new techniques of policing and prosecution.

Rather than characterize Mexico City as a liberal exception within an otherwise conservative Catholic country, this dissertation examines how governmental rationalities of criminalization and health intervention are entangled in the clinical setting. Drawing on the "awkward proximity" of feminist advocacy and ethnographic research, I focus on the brief affective encounters between women travelling from other states and *acompañantes* (advocates or companions) that facilitate access to public clinics in Mexico City. Four chapters examine how the "exceptional legality" of abortion in Mexico City shapes trajectories of access and the texture of public clinic care, the gendered discourses of poverty and kinship mobilized in abortion debates, and the temporalities of feminist political action within this juridical-clinical landscape.

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Acknowledgments

I could not have carried out this project without the support of my mentors in the Anthropology Department at Johns Hopkins University. I am most grateful to my advisor Deborah Poole, who gave me confidence, and challenged me to be more concrete and focused in my thinking, Veena Das, who found the importance of this work in the finest detail, and Clara Han, who gave so much of her time and care.

Jennifer Culbert and Rachel Sieder each shaped how I have thought about this project and I am very grateful for their engagement on the committee. I also thank Aaron Goodfellow who was part of the conversation earlier and whose generous mind still motivates me. Thank you Juan Obarrio, Naveeda Khan, Anand Pandian, Jane Guyer, Niloofar Haeri, and Mike Degani for making the Anthropology department an intellectually stimulating place. This work also grew in the seminars and discussions in the Program for the Study of Women, Gender, and Sexuality, Latin American Studies, Political Theory, Humanities Center, and the Critical Global Health Seminar.

I relied on the support of many people and institutions in Mexico. When I first began fieldwork in Mexico City, Joaquina Erviti at UNAM, and Ivone Szasz at the Colégio de México provided indispensable guidance. Later the Centro de Investigaciones y Estudios Superiores en Antropología Social (CIESAS-DF) hosted me as a visiting student-investigator. Thanks to Alejandro Madrazo at the Centro de Investigación y Docencia Económicas for his perspective on abortion law in Mexico, Rocía for her piercing feminist critique, and Oriana and Eugenia López Uribe for opening the many doors that made research in Mexico City clinics and feminist networks possible.

I am grateful to Emma Varley, Saiba Varma, Lynn Stephen, and Alejandro Agudo Sanchíz, whose discussant comments contributed to the development of these chapters.

Over the years at Johns Hopkins, I found spiritual and intellectual courage in the friendships of Aditi Saraf, Vaibhav Saria, Megha Sehdev, Citlalli Reyes-Kipp, Hester Betlem, Maya Ratnam, Andrew Brandel, Juan Felipe Moreno Garcia, Bican Polat, Túlio Zille, Ghazal Asif Farrukhi, Fouad Halbouni, Victor Kumar, Caroline Block, Sylvain Perdigon, Gregoire Hervoet-Zeiber, Sruti Changati, Nathan Gies, Christiane Kettler, Daniela Ginsburg, Tarek Dika, Mariam Banahi, Burge Abiral, and Elmira Alihosseini. Thank you especially Nandi Theunissen and Serra Hakyemez for conversations that spun work and life into something interesting and bearable, and Swayam Bagaria for the kind of friendship that withstands bitter extremes.

Jesse, Bernardo, Oscar, Emilia, Oriana, Mauricio, Sophia, Anna, Greg, Dante, Stefano and Isa, your friendships made a home for me in Mexico City. Thank you Erica and John for the beautiful dinners and domestic comfort these last months in Baltimore.

I am indebted to Gay Wilentz for planting the seed of an idea of anthropology in my mind, the unwavering support of my grandfather and Aunt Jo, and to my mom, Lori Munch, and my dad, Andrew Krauss, for teaching me how to be in the world.

*To Oriana and Sophia,
and the many women in situations of abortion who shared their experiences with me.
I hope this work conveys the difficulties you face
and the wisdom in the ways you live through them.*

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Introduction

This dissertation draws on the “awkward proximity” of feminist advocacy and ethnographic research to track the normative disjunctures generated by competing abortion laws in Mexico. In four chapters, I examine how a legal complex of abortion rights and criminality shape trajectories of access, the texture of clinical care, and the possibilities and constraints of feminist advocacy. Rather than focus on the individual subject of the abortion “decision,” my research explores how women collectively negotiate multiple regulatory frameworks and moral demands through the brief affective encounters of feminist advocacy and the public clinic. Combining ethnographic and archival research, the chapters trace the following themes: 1) the exceptional legality of abortion in Mexico City, 2) how a particular legal complex of abortion rights and criminality shapes the conditions of access and practices of care in public and private clinics, and 3) temporalities of (feminist) political action within this juridical-clinical landscape.

I began research on these topics in the summers of 2009 and 2010 with a feminist organization based in Mexico City that provides “accompaniment” to women travelling to Mexico City from other states for legal abortion services. I was drawn to the project when, in 2007, Mexico City decriminalized early abortion. The Mexico City reforms

were followed by a severe backlash across the country, seemingly carving out the capital from the rest of Mexico as a kind of liberal exception to Mexico's 31 otherwise conservative state governments. Following the Federal District legislation nearly all other Mexican states made explicit that rights-bearing life begins at the moment of conception, amending their penal codes to re-iterate the criminality of abortion outside of state-authorized exceptions. The Mexico City reforms thus had the dual effect of opening a new possibility to obtain legal procedures for women living in, or who could travel to, Mexico City, while instigating the criminal prosecution of abortion practices in other states in Mexico.

Throughout the dissertation, I draw on ethnographic research that I conducted through my participation with *Red Paulina*,¹ or the Paulina Network, as an *acompañante*, or abortion access advocate. Acompañante translates to companion in English yet throughout the manuscript I refer to acompañamiento as “advocacy” and acompañantes as “advocates.” While advocacy is a broad category that usually implies speaking or acting on behalf of someone else, accompaniment to abortion clinics points to a particular set of activities and dispositions that differ from advocacy in the usual sense, as I will describe in detail throughout the chapters. For now, I highlight the imprecise translation, as a potential starting place for approaching the questions of feminist political action that I raise in chapter four.

The Paulina Network emerged out of an existing civil society organization for women living with HIV in Mexico City. In 2007, the organization added an area of focus that aims to extend the accessibility of safe, legal abortion services to women who live in states where voluntary abortion is illegal, and in many cases, actively prosecuted. In our

¹ The name of the organization and all names are pseudonyms to protect confidentiality.

first conversations, the hesitance of the Paulina activists to declare that the legalization of abortion was an advancement of women's reproductive and sexual rights in Mexico compelled my interest in their work and political vision. The two founders of the group, sisters whose parents were involved in making national reproductive health policy since their childhood, characterized the backlash effects of the Mexico City reform as a serious limitation, leaving the question open as to whether the new law was a "win" for women's reproductive rights when it seemed to re-draw long-standing boundaries between the privileges of the "city" and the "rest of Mexico." Red Paulina is at once a state authorized civil society organization that facilitates access to state administered clinics and a radical feminist organization whose daily work confronts the limit of governmental programs of reproductive rights— a limit that constantly threw their very activities and organizing principles into question. From the outset, I wondered, what kind of political commitment allowed for this kind of self-doubt and contradiction? And how was it sustainable?

In 2012, I returned to Mexico City to extend my research over the course of 18 months. During this time, I was fully integrated into Red Paulina as an abortion access advocate.² Advocates in the Red engage in a wide range of activities; providing information about safe and legal options for terminating pregnancy over the phone and by email; arranging bus and plane tickets to Mexico City, counseling women in their decision-making process, making referrals to other organizations (such as for religious counsel or legal advocacy) and physically accompanying women to public and private

² Red Paulina is a project that operates without total publicity within a small private NGO in Mexico City. It relies on funding from larger national and regional NGOs, such as the Latin American and Caribbean Women's Health Network, and the Observatory of Maternal Mortality. They also accept private donor funding that comes in equal parts from individuals in Mexico, Latin America, and the United States and periodically apply for grants from the U.S. Their grant applications require a great amount of energy towards systematizing results and the presentation of evidence.

clinics when they have no one else who can go with them. This final activity, referred to within the group, as “acompañamiento presencial” (accompaniment in presence/in person), is what the feminist activists in Red Paulina consider most expressive of their first organizing principle: to respond to women’s immediate needs within the limited time frame of the abortion process. Participating in Red Paulina as an advocate in this latter capacity allowed me to make contact with more than 500 women from other states who sought access to safe abortion procedures. Assuming the role of women’s legally required companion, I regularly accompanied them to public and private clinics and travelled with them across the city.

In addition to feminist advocacy, I conducted participant-observation in two of the four clinics that specialize in the Legal Interruption of Pregnancy (ILE), opened sequentially in 2008, 2010 and 2013 by the Mexico City Ministry of Health (SSA-DF). I observed the documentary practices of receptionists, social workers, nurses and physicians in the creation of the clinical file as well as patient-provider interactions, collective orientation sessions provided by nurses and social workers to patients and their families, ultrasonography practices, the administration of misoprostol for medical abortions, and surgical abortion procedures. While in the clinic, I also conducted 120 surveys with patients about their knowledge of the legal frameworks of abortion in Mexico City and their home state, their perceptions of Mexico City clinic services, their previous experiences of reproductive healthcare and their feelings about terminating their pregnancy.³

The third major component of my research was archival. I collected documents from the Suprema Corte de Justicia de la Nación (National Supreme Court of Justice) in

³ See Appendix A for an example of the survey

Mexico City and from the archives of a Feminist NGO that provides legal defense for women incarcerated for abortion in the state of Guanajuato. Among these documents are the case files and video recordings of the public hearings in the Supreme Court about the constitutionality of competing state abortion reforms and the case-files of women who were incarcerated for the charge of “Homicidio en Razon de Parentesco” or Homicide, qualified by a Relation of Kinship between 2007 and 2011.⁴

The juridical-clinical landscape

Drawing together archival research with clinical ethnography and feminist advocacy, I approach law and the clinic as continuously interpenetrating fields of government, across which there are significant gaps and incommensurabilities (Harper, Kelly and Khanna 2015, Das and Han 2016). As outlined above, my research takes place in the wake of the decriminalization of abortion in Mexico City in 2007. These reforms inaugurated a new public program for the *Interrupción Legal del Embarazo/ILE* (Legal Interruption of Pregnancy). After unprecedented public debate in the Mexican Supreme Court, the reforms were upheld as constitutional in 2008. The city government has since developed the program through the creation of four specialized “ILE clinics” that are administered by the *Secretaria de Salud- Distrito Federal* (Mexico City Ministry of Health). The specialized clinics provide abortion procedures to women upon their request at no cost.

Latin American legal scholars have documented the intensification of legal

⁴ When charged with a crime in the Mexican criminal justice system, one is guilty until proven innocent. This entails the possibility of “preventative detainment,” which I will discuss in more detail in Chapter 3. Judicial reforms will limit the use of preventative detainment, in efforts to create a more “cost-effective” system. See Marquez- Carrasquillo and Shirk (2008) brief for summary of reforms.

debates surrounding abortion in the region over the last decade, pointing to the co-occurrence of the expansion of reproductive rights discourses with a surge of legal restrictions and criminal prosecutions of “illegal” abortion practices (Roberts and Morgan 2012, Ruibal 2014, Gloppen and Gianella 2014). As scholars across disciplines have documented, the criminalization of abortion disproportionately affects women who do not have the resources to access private healthcare (Pruitt and Vanegas 2014, Schiavon et al. 2012, Cruz 2011, Lamas 2008, Briggs and Mantini-Briggs 2000). In addition to the transnational languages of the “right to life,” the criminalization of abortion in Mexico relies heavily on articulations of Catholic morality with maternal responsibility, which becomes particularly striking in the cases of women who were incarcerated for the criminal charge of “Homicidio en Razon de Parentesco,” or Homicide, qualified by a Relation of Kinship.

The normative tension between the legalization and criminalization of abortion is also informed by the federalist organization of state-level criminal codes and health laws, allowing for extreme variation across jurisdictions. On a federal level, the Mexican National Supreme Court of Justice upheld Mexico City's legalization of early abortion in 2008, and, in following years, the Court also reaffirmed the constitutional reforms to protect life at the moment of conception on the grounds of jurisdiction. Since the early 19th century, Mexican states have locally defined exceptional circumstances that mitigate the punishment of abortion (Ortiz-Ortega 2007). Beginning in the 1970s, this form of attenuating the crime was expanded to include exceptions under which a woman should be able to procure a legal abortion, such as when pregnancy is the result of rape (Lamas 2008b). The legality of abortion has thus historically been negotiated as an attenuation or

exemption from criminal punishment. Mexican feminists and human rights advocates have extensively documented how women who petition states under these exceptional provisions are usually so delayed and morally attacked in the process of giving proof that they either do not attain the procedure in time or give up (GIRE 2013, IAHR 2016).⁵

The 2007 Mexico City reforms both extend what might be understood as a *logic of exception* that has framed Mexican abortion law historically. In chapter one, I discuss in detail the “exceptional legality” of abortion in Mexico City as distinct from Giorgio Agamben’s concept of the “state of exception” that draws on a reconceptualization of Carl Schmitt’s definition of sovereignty as the decision that “frees itself from all normative ties and becomes in the true sense absolute” (Schmitt 2006: 12). In Agamben’s work, the state of exception refers not only to a paradigm of government in which crisis or emergency legitimates the suspension of the legal order (namely rights of citizenship), but also to the “strange relationship of law and lawlessness” (Agamben 2004). Through the governmental paradigm of exception, human life can be made bare, stripped of juridical subjectivity and social belonging (Agamben 2005). Following this line of thought, the paradigm of exception might configure women as sinister sovereigns competing with the state for the power over the life and death of the fetus as bare life (2007). I explore an alternative way that exception is folded into contemporary forms of government. Rather than presenting us with a transcendental form of juridical power, I argue that the regulation of abortion through exception reveals the tenuous and incomplete relays between conflicting, but entangled, domains of law and government (See Das and Poole 2004). The corollary of this different concept of exception is a

⁵ See *Paulina del Carmen Ramírez Jacinto v. Mexico*, Case 161-02, Report No. 21/07, Inter-Am. C.H.R., OEA/Ser.L/V/II.130 Doc. 22, rev. 1 (2007)

different concept of the subject. Rather than assume that situations of abortion place women in the position of sovereign decision-making, I explore how different forms of agency emerge across normative disjunctures brought into play by competing temporal and moral imaginaries of law, life, and state intervention (See Richland 2013).

Combining archival research in constitutional and criminal law, I consider how abortion rights and criminality are interwoven as a “legal complex” (Rose and Valverde 1998).

This approach builds on recent anthropological studies of law in postcolonial states that explore the “pluralism” within the formal structures and jurisdictions of the state itself (Leal 2006, Merry 2006, Sierra 2005, Poole 2006, Roitman 2006, Sieder et al 2005, Comaroff and Comaroff 2006, Huneeus et al. 2010, Biehl 2013a, Obarrio 2014).

While the Mexico City reforms were designed to improve access to safe abortion for poor women, my ethnography shows how the political economy of public and private clinical care unevenly distributes, if not mortality, then different affective and bodily registers of pain and moral stigma. Mexico has a nationwide social healthcare policy called *Seguro Popular*, which since 2011 has been celebrated by World Bank global health experts as an exemplary achievement of universal health coverage (Klingen 2013). Developed in the era of the NAFTA negotiations and the privatization of Mexico’s national bank and telephone companies in the early 1990s, *Seguro Popular* targets poor and formally unemployed populations with a limited package of free-of-cost healthcare while encouraging the growth of private medical institutions for those who can afford it (Agudo 2015). The decriminalization of abortion within this framework has thus involved the development of “special” ILE clinics and the discourse of “*gratuidad*” or free-of-charge care. The efficacy of “free” abortion procedures provided by the state is

intensely contested among feminist activists, scholars, and policy makers. While some feminists have demanded that the state guarantee safe abortion as a matter of governmental responsibility for women's health and wellbeing, others are concerned about the kind of subjectivity produced when women, especially poor women, are recipients of "free" state benefits.

In their investigation of whether the Mexico City decriminalization of early abortion has effects on women's subjective understandings of citizenship rights, sociologists, Ana Amuchástegui and Edith Flores outline three prevalent discursive positions among patients in public ILE clinics: the grateful subject, the irresponsible subject, and finally the "proper subject of rights" (2013: 915). They suggest that the former two positions reflect histories of stratified reproduction and clientalist governmental relations. Within this history, they argue, the limitation of state-regulated ILE services to specialized clinics funded by *Seguro Popular* "transfers the underprivileged status of the poorest women without social security to all women seeking abortion" (2013: 916). What it might mean to inhabit the "underprivileged status of the poorest women" when receiving abortion care is a central concern of this dissertation. In conversation with feminist scholars who have provided critical perspective on the mistreatment of poor and indigenous women in Mexican public healthcare settings, and specifically in the context of obstetric medicine, I explore how race, class, and gender violence is both routinized and amplified by the uncertain and volatile juridical landscape of abortion regulation (Erviti 2005, Erviti et al, 2006, Howes-Mischel 2012, Herrera 2013, Dixon 2014, Smith-Oka 2013, Mills 2015).

Moral burden

My ethnography of the clinic examines how the criminality of abortion, both explicitly proclaimed in the laws outside Mexico City and by the Catholic Church, becomes part of the atmosphere of “special” ILE clinics as dispersed glances, everyday turns of phrase, and the organization of clinical space. For example, on one occasion, Marta, the head nurse at the first ILE clinic that opened in Mexico City, described how coworkers from other areas of the Health Center (Centro de Salud) used to avoid her eyes. She said that slowly things were improving, particularly since many of those who at first looked down upon the ILE program had later shown up to the clinic asking for help for a family member or friend who needed to terminate a pregnancy. She spoke about the stigma shouldered by ILE providers within the bounds of the community health center, for often among family members and friends, they kept the content of their work vague to avoid confronting moral judgment in their personal lives. The moral burden suffered by women in situations of abortion is much more intractable, and more so when travelling long distances from other states. Attending public clinics, they negotiate competing demands for public disclosure and secrecy, oftentimes struggling to keep the fact of their pregnancy unknown from their parents, children, friends, lovers, and employers, while at the same time searching for the financial resources to be able to travel, gathering the necessary forms of identification and supplies to be able to receive care, and finding temporary excuse for absence from their domestic, kinship, and work obligations.

Studies of neoliberal governmentality often account for the individualization of moral responsibility in conjunction with the withdrawal of state resources from public

institutions (Abadia-Barrero 2016). Along these lines, my ethnography explores how social workers, nurses and physicians adapt a neoliberal discourse of the individual subject of rights and responsibility to the public clinic environment shadowed by criminalization. At the same time, I suggest that the discourse of moral responsibility rehearsed throughout the clinical procedure has an uncertain duration and impact upon women's experiences (See Mulla 2014). I also move away from looking at the moral experience of abortion as an individual psychological process, as in Carol Gilligan's classic study of women's moral reasoning (1982) or Rayna Rapp's ethnography of women's experiences of grief in abortion decision-making (1999), and towards an exploration of the performative nature of clinical practices and how they potentially transform social relationships and bodies, however temporarily (Mol 2002, Gammeltoft 2014, Cooper 2015). Rather than focus on the individual subject of abortion "decision," my research attends to how bodies in the proximity of the clinical space share and circulate moral affects and modes of expression. I argue that while such affective scenes might not fit into individualized biographical narratives, they are, nevertheless, important aspects of subjective experience (Rechtman 2015).

Focusing on the feminist advocacy surrounding the regulation of abortion, the dissertation also attends to how women in situations of untenable pregnancy creatively navigate these competing normative demands. Through my position as a feminist advocate, I not only made contact with women in various phases of their search for safe abortion, but also often encountered women and their friends and family members outside clinics when they were unable to receive care for any number of bureaucratic reasons. Based on these encounters, I understand what I call "situations of abortion" or

“situations of untenable pregnancy” in relation to, but not determined by the clinical procedure. This implies alternative ways that an untenable pregnancy unfolds beyond or parallel to the institution, even if those unfoldings are just at the periphery of my ethnography (Leonard et al. 2007, Day 2007).

In the following section, I shift to ethnographic description in order to open up an adjacent set of questions about ethnography and feminist advocacy. I describe a series of encounters initiated by a teenage couple who travelled to Mexico City from another state and waited outside a public clinic over night, and then waited again in the morning to be able to access a private clinic through the feminist accompaniment network. Throughout the dissertation, I reflect on such encounters as a means to rethink the critical space between ethnographic and feminist modes of inquiry, and to examine the intensifying juridical, moral, and clinical uncertainty surrounding abortion in Mexico.

ILE access: urgency and then, waiting

In the early morning hours, Luisa, a twenty-two year-old Mexico City student who is a feminist activist is waiting to accompany a 35 year-old woman from Jalisco, Ana, to an ILE clinic. Ana is a bit late, and Luisa is not sure where to stand as she waits for her, in the main entrance to the Community Health Center, or around the side by the unmarked, and somewhat hidden entry way for the ILE clinic. Alma, the coordinator of a feminist network of *acompañantes* (abortion access advocates), has arranged for me to go along with Luisa as she accompanies Ana to answer any questions that might come up because it is Luisa's first time. I am also to meet with a woman attending the clinic from Veracruz, Arleth, just to sign some forms. It is just past 7am and both the main entrance

to the Health Center and the gates to the ILE clinic are closed. Luisa and I push ourselves to the front of a crowd of women and their family members waiting outside the gate when the guard arrives and asks loudly if anyone is from another state. *We are*, we say, *we're from Red Paulina*. At that point the woman from Jalisco, Ana, approaches us; she has travelled with her husband and child. The guard grimaces and says only one of us is allowed to enter with her, but then he recognizes me and lets all five of us in. Once inside the gate we approach the clinic doors, which are closed. Inside a large group of women is listening to the secretary as she gives them paperwork. Ana stands pensively at the door, while Luisa and I wait behind her. She whispers back to us, *we can't go in*. She is worried the sound of the door will interrupt the secretary. I slide in past her, pulling both Ana and Luisa with me, it's important that we alert the clinic to Ana's arrival because if she isn't checked-in in time they might deny her the procedure.

I find Arleth from Veracruz after receiving a text message from Alma who is just setting off for her commute to the office. She writes: Arleth is wearing a white scarf. Arleth and I make eye contact and step outside the clinic to talk for a few moments. Arleth says she is studying French and wants to study Linguistic Anthropology; that she's been feeling awful with nausea; she recently had salmonella. *The chavo (boy) came with me*, she says, as though to make sure I understood he hadn't left her to deal with this on her own. *You're not from here, verdad (right)?* She asks. *No, I'm an anthropologist from the U.S.*, I say. *Social anthropology?* I nod. *Que padre (how cool)*, she says half-heartedly. We sign the consent form, and then get up to go back inside because the guard tells us sternly that patients are not allowed to be outside. On the way in, the clinic's street cat runs past us, I swoop her up and kiss her. Luisa and Arleth laugh.

The guard waits by the door for Luisa and I to exit the clinic, leaving Ana and Arleth inside. We tell them that we will stay until it's certain they will both be attended, that the hard part, arriving on time and finding the entrance and being persistent enough to get in, is over. Now as long as they have all the required documents they should be seen. They have those documents handy only because they have been in contact with Red Paulina finding out what to bring in advance. There is still the ultrasound, if it shows more than 12 weeks of pregnancy, or the presence of uterine miomas (fibroid tumors), they won't be able to receive services in the public clinic. It's likely that they will go through (*que van a pasar*), but we wait anyways. Luisa and I go into the tent where the guard has shepherded all the family and friends of the patients. He stands just outside the tent explaining that we are not allowed to hang around the patio because it's a loading area and an evacuation route for the Community Health Center (a strange excuse considering I never saw any loading or evacuating over the many weeks I was there).

Earlier Luisa had noticed that Ana's husband was talking to a young couple in the nearby park where he walked with his toddler, *how strange* she commented. I shrugged, just people being friendly in the way they are when they're waiting together, I thought. Just then the couple came up to us though, and asked if we were from Red Paulina. He had sent them over to speak to us after they approached him in the park asking what his last name was. The teenage pair had found the address of the clinic on the internet and decided to come in the middle of the night from Hidalgo, about five hours away to the North. When sixteen year-old Alondra had presented herself to the clinic secretary she was told she needed a copy of one her parents' IDs. She stayed a moment in the clinic waiting room and watched other girls who, also *menores de edad* (legal minors), gave the

secretary copied photo identifications as evidence of parental consent. She noticed that the copies were accepted without ever calling in the parent, who was supposedly waiting outside. So Alondra and her boyfriend, Tito, went out to look for someone who might stand in for a parent on paper, someone with the same last name, Morales Cruz.

Eyebrows raised, I showed my surprise. *Es bastante comun (it's pretty common)*, Tito informed me. *Cuando mis padres se enteraron me corrian de la casa (when my parents found out they threw me out of the house)*, Alondra said. With nowhere to go if she continued the pregnancy, the couple had caught a bus to Mexico City and arrived the night before at 11pm. They had spent the night in the park beside the Health Center, sleeping on and off until 5am when other women began to arrive to the ILE clinic gate.

The guard recognized them as we spoke in the tent and told us we had to leave the clinic area. We walked outside to the street and called Alma, it was only 7:30 in the morning and she was still on a bus. Alma called Graciela, one of the founders of Red Paulina, to see if the accompaniment network could do anything to help, such as give them directions to a safe private clinic that would provide an abortion to Alondra without requiring parental consent. Alma called back to give me the number of one of the most trusted clinics, I wrote it down and handed it to Alondra, who handed it to Tito. *Ya se va acabar el crédito (the credit's about to run out)*, he said, as he dialed the number on his cellphone. He turned his back to Alondra and I as he spoke with the private clinic secretary. After a few minutes he turned back and handed me the phone with a startled look in his eyes, *they want to talk to Red Paulina to see if you will pay*, he said. I took the phone and told the secretary I didn't know if that was possible, *con gusto los atendemos (with pleasure we'll see them)*, she said sweetly, but there will be *cuota de*

recuperación (recovery fee) of 2000 pesos (about 110 US dollars), just then the phone credit ran out.

I called Alma, again, a feeling of urgency rising. Tito and Alondra stood facing each other, silently, glancing at me nervously. Alma said she would call back at 10am after she arrived to the office. *Creo que ya nos vamos entonces (I think we'll get going now then)*, Tito said. *We will get the pills instead.* They had heard of Cytotec, the brand name of misoprostol, about a week ago from a friend and looked for it online. They found a site that sold two pills for 500 pesos and gave an unlikely protocol for how to use it. I told them the public clinic dispenses the same pills for free and that you can also buy them in a pharmacy since they are an over-the-counter medicine for ulcers. But Alondra hadn't had an ultrasound, so she didn't know how many weeks she was pregnant. They also had no space to practice the pharmaceutical abortion in, since both of their parents had kicked them out of the house. I told them it was probably worth it to stay around and try to go to a legal clinic, where, if they were decided for sure on having an abortion, it would be much safer. Tito looked to Alondra, *we can wait* she said softly. We walked back to the park they had slept in the night before and sat on the bench. It was cold in the shade so we moved to the sun.

We sat there, me checking my phone obsessively, impatient. Since their phone was out of credit, the only way they could receive the call from Alma was if I stayed with them until 10. Tito and Alondra alternated between nuzzling each other and staring straight ahead blankly. Ana's husband, who was still there with his toddler in the park, came up and asked if he could leave the stroller with us as he went to change the kids diaper on another bench. When he came back he struck up a conversation. *Children are*

great, he said. ...*Well, planned ones I mean. Well I don't know if planning works*, he mused... *life continues to be an accident, it's not as though we can consciously plan these things...* he paused... *but we do know when it is impossible.* Alondra and Tito remained quiet, I nodded reluctantly.

What's your last name again? Juan asked Alondra. *Cruz Morales*, she said with a half grin. *Lets go look for someone... him?* He joked as he gestured to another man in the park. We all laughed. He told us he had his first child when he was 29, after he had already *done and undone many things (despues de hacer y deshacer muchas cosas)*. He had one child from a previous relationship and then he and Ana had recently had Luc, the toddler, and they knew another child would be impossible; they were barely making ends meet. *The state should guarantee this service*, he said, *not going to happen in any other states though, we only achieve this kind of thing in DF.*⁶ *DF might as well be France!* He chortled.

We kept sitting there and sitting there. Alondra slumping against the bench and Tito tapping his foot. Finally Alma called and Alondra perked up, I handed her the phone. We all watched her carry out the conversation with Alma. At one point she laughed, *No, de hecho estoy mareando por no comer (No, actually I'm getting dizzy from not eating)*. To go through the manual aspiration abortion procedure Alondra would need to have an empty stomach, but without any money it just so happened that she hadn't eaten anything anyways. *What are you going to do after?* I asked them as we stood up, they shrugged. *Can Alondra go to your parents' house?* *No creo (I don't think so)*, Tito responded

⁶ DF stands for the Distrito Federal (Federal District), which was the official title of the jurisdiction that contains Mexico City (and portions of the Greater Mexico City Metropolitan Area) and the seat of the federal government, until 2016. The name has now officially been discarded as Mexico City transitions even closer to full status as a federal entity or state within the 32 federated states of Mexico.

quietly. *Do you have any siblings who could help?* I asked Alondra, *One, but she lives in the same house as my parents.* I asked them if they wanted me to go with them to the clinic, which was across the city. Again Tito deferred to Alondra. She looked at me, *if you have time*, she whispered. So we walked and walked towards the metro. On our walk Alondra's mood changed. She shivered, *is it really cold or is it my nerves?* She asked awkwardly, blurring it out and then giggling. Neither Tito nor I answered. From the metro window Tito pointed out places where family members of his had previously lived and Alondra followed his gestures with her eyes. We got off, he asked a passerby where the clinic was, *no sabría decirte (I couldn't tell you)*, the person grumbled. We kept walking until we saw it across the street. *Well I'll leave you here*, I said. We hugged goodbye, *que les vaya bien ([I wish, hope, god willing], that everything goes well for you)*. I felt that very familiar feeling -- so familiar that I could keep it from overwhelming me. Of letting go of a problem, before it was finished, before I got to know it.

An awkward proximity: ethnographic encounters and feminist action

Fleeting and partial encounters like the one described above make up the affective, political, and ethical pull of my fieldwork on abortion law and the politics of clinical care and feminist advocacy in Mexico City. Importantly, the *reciprocity* of encounter entails that the anthropologist must observe and describe as part of the field of observation (Borneman and Hammoudi 2009). She is seen and judged by her interlocutors, and to some extent constrained by the subject position made available to her in these processes (Favret-Saada 1981). In this sense the ethnographic encounter resonates with strands of thought in feminist theory that articulate an ethics of reciprocity

not as mutual recognition, but as a site of unresolved tension and asymmetry (T Minh ha 1982, Irigaray 1993, Young 1997).

As I conducted research as a feminist advocate, women in situations of abortion who relied on the Paulina network to gain access to clinics, perceived me in different ways. In the scene above, for example, Arleth also studies anthropology, and our brief exchange suggests she can read me very quickly, and without great interest or surprise, my foreignness and similarity. She also quickly preempts any moral judgments that I, as a slightly older, white, unmarried graduate student, and on top of that, a gringa (from the United States), might have had about her situation. *I'm not abandoned by my partner*, she told me up front. Other times my role in the feminist advocacy network was cause for suspicion. There was one occasion in which I was to meet a woman, Ixchel, from a rural town in Puebla in a private clinic. When I arrived, there were only two women in the waiting room and one of them was with a man. I approached the other woman and asked if she was Ixchel. *No, excuse me*, she responded, barely meeting my eyes and turning away. Confused I sat down across the room and waited. After many glances, she inched towards me and conceded that she was in fact Ixchel but that she hadn't been sure why I was speaking to her. She was frightened and confused about my intentions. She had been sexually assaulted by someone at work, and subsequently had found it nearly impossible to leave work on a day that her close friend, who worked in the same factory, would be able to travel with her. They had figured it out though, and I was simply there to give them money for the bus ride back to Puebla. A suspicious affect clung to our interaction and it unsettled my understanding of the genre of exchange within which feminist advocacy should unfold.

On other occasions, my sense of the parameters and effects of feminist advocacy was unsettled by the passing quality of friendship that could emerge with the women I was accompanying. After the strange encounter with Ixchel, I accompanied a woman named Beatriz throughout her abortion process in the same clinic. She had travelled alone to Mexico City from Chihuahua, a northern state that borders the United States. She was 29 years old and had been in a relationship with a younger man. When she became pregnant she initially thought she would continue the pregnancy, but when her boyfriend disappeared from the scene, she rethought her decision. She and her sister lived in a small apartment and Beatriz worked a lot in order to pay rent and was helping to care for her sister's child. She did not want to extend what she perceived as a precarious form of life. Beatriz and I talked easily outside the clinic, laughing and smoking cigarettes together. When her clinic procedure was over she had twelve hours before her three and half hour flight back to Chihuahua. Then confusion crept into our relationship. She had never been to Mexico City and had nowhere in particular to go. She thought of waiting in the bus terminal until it was time to return to the airport. I felt too close to let her do that and ended up awkwardly staying with her all day, exhausting the tentative connection we had made in the margins of the institutional space of the clinic.

I recount these different affective modes of encounter in order to make the simple point that the distance and proximity between myself as an ethnographic researcher-feminist advocate and women in situations of abortion was highly variable and tenuous, coded in ways that were not completely transparent. Although I could not know in advance how I would be read, I was aware of the power relations I brought in tow as an

“urban feminist,” my status alternating between a *guera* (fair skinned) *chilanga* (upper class Mexico City resident), and a *gringa* (foreigner from the United States).

I knew I might also be seen to embody the neoliberal ideals of autonomy and self-mastery, ideals which in spite of their rhetorical links with “the right to choose,” mark the situation of abortion as a kind of failure that sticks to certain bodies and not others (See Cohen 2003, O’Neill 2010). This mark of failure has its own peculiar moral force in Mexico. Within a history of family planning interventions and the uneven ways such interventions have been carried out between urban and rural regimes of government, the need for abortion is often attributed to poor and indigenous women vaguely located somewhere beyond the city. This organizing discourse of need is only amplified by the discourse of Mexico City as a place of democratic citizenship whereas the rest of Mexico lags behind (in Juan’s words: *DF might as well be France!*) What does it mean to take the position of an able-bodied urban feminist as a starting point for ethnographic inquiry?

Elizabeth Povinelli has powerfully diagnosed the governmentality of late liberalism as based on differential distributions of “tense, eventfulness and ethical substance” (2011). Within Povinelli’s vocabulary, neoliberal or late liberal governmental logics might divide the subject in the urban feminist network from women in situations of abortion who rely on the network for support, between discourses of the autological (free, self-making) subject and the genealogical (morally obligated and constrained) society. Povinelli’s critical interest is how these divisions “deflect moral sense and practical reason from the durative present to an absolute difference between presence and absence or the critical difference between the future anterior and the past perfect” (2011:13). In other words, the polarization of freedom and constraint is one way we deflect our

material entanglements with radically different forms of life in the present. In contrast, an ethical commitment to this cosubstantiality would lead the ethnographer to dwell within and enrich (even if only in retrospect) an uneasy connection with alterity. If ethnography is a “dwelling science,” in what temporality or tense might we think the ethnographic encounter? And how does it square with the tense and eventfulness of feminist action?

Although the long-term, durative engagement of anthropologists with their interlocutors is classically understood to be both a source of ethnographic insight and the bedrock of the ethical and political commitments of anthropological research, there are other strands of thought within this tradition, particularly in attempts to grapple with the material and historical conditions of globalization and capitalism (Tsing 2005). Deborah Poole thinks the politics of ethnographic engagement in terms of the radical contingency of encounter and the unsettling of racial and cultural categories that such encounters might provoke (2005). This attention to the flux of encounter requires hesitation to grow between the interpretative impulse of anthropology and the ongoing lives of others. In Joao Biehl’s words, anthropological ethics might find footing in the struggle to “bring this unfinishedness into our storytelling” (Biehl 2013: 574). For Veena Das the question “comes down to whether the ethnography is meant to illustrate a theoretical argument or whether theory might be built into the ethnography itself” (Das 2015: 15, See also Das et al 2014 and Han 2012).

Anthropologists who are simultaneously engaged in organized political struggles have reflected on the possibilities and constraints generated by their double role (Hale 2006, Speed 2006a). As both a human rights lawyer and anthropologist, Annelise Riles analyzes how ethnographic methods and insights are easily absorbed and

instrumentalized by transnational feminist and human rights networks (2001). In her search for a point of differentiation between ethnography and the instrumentalizing knowledge practices of human rights, she suggests that in contrast to the forward looking projects of lawyers, writing ethnography commits one to “standing in two temporal places at once—past and present—and hence to the pull of the past in the present” (Riles 2006: 63).

While long-term sustained engagement with the lives of individuals, and the webs of relationships in which such lives are embedded, is an indispensable source of ethnographic insight, as a feminist advocate, I was subject to certain possibilities and constraints that differ from these methodologies. I was not able to maintain long-term contact with individual women, but rather engaged in numerous encounters that were shaped by the critical juncture of seeking safe abortion in a context of legal and institutional uncertainty. Unable to follow how the situation of abortion folded into women’s lives and relationships over time, this dissertation thus traces how women and feminist advocates move across the interstices of competing domains of law as well as spaces inside, and adjacent to the clinic. In following these movements, I do not assume that ethnography and feminist advocacy always share commensurable goals and strategies. Feminist activists engaged in a strategic struggle for reproductive rights are constrained in terms of what can be acknowledged as political action and suffering and what cannot. Whereas feminist projects place suffering and political agency, autonomy and necessity, and freedom and constraint in opposition, I hope that my ethnography might reveal other, less absolute, axes of ethical and political life (Pinto 2014). Yet rather than pose the political potential of ethnography against the institutional structures of

feminism, this dissertation unfolds with the intuition that there is a productive, albeit awkward proximity between anthropology and feminism (Strathern 1987, Abu-Lughod 1990).

Chapter Descriptions

The first chapter examines how abortion has historically been regulated through what I call “exceptional legality.” It traces recent abortion debates and legislations as part of a longer history of population policy and neoliberal government. In the first section, I show how since the 19th century feminists have struggled to expand abortion rights through exceptions within criminal law. I argue that this feminist struggle to expand exceptions aims to move abortion, as an object of governance, from the domain of crime and punishment to the domain of public health intervention. In the second section, I examine the 2008 Mexican Supreme Court debates to argue that the Mexico City reforms and the Supreme Court jurisprudence that followed have re-constructed abortion as a legal object hinged between the rationalities of criminal punishment and clinical intervention.

In chapter two, I examine how this specific form of legal regulation, i.e. exceptional legality, has particular effects in the clinical space. Drawing on ethnographic observation of daily clinical interactions, I describe how physicians, nurses, secretaries, and social workers address patients as a collective body that is morally indebted to the state for the provision of abortion. In doing so, I argue, they legitimate a register of brutality in their care. By constructing the situation of abortion in the tense of a past action in relation to a future in which it cannot be repeated, I further argue that the

clinical intervention carries the dual force of moral punishment and redemption. In response to this collective address and the future-oriented responsibility it aims to instill, I show how women collectively articulate their pain in a contracted present. I suggest that these expressions of pain might speak back to the specific form of intervention, not necessarily as resistance, but as an ephemeral affective intensity through which women endure the routine violence of the clinic.

The third chapter examines the criminal case files of women incarcerated for Homicidio en Razon de Parentesco in the state of Guanajuato. Tracing the evidence mobilized in the cases, I explore how criminal responsibility is articulated as the “traición,” or betrayal, of kinship. Drawing on anthropological studies of law and bureaucracy, I track how the legal text of the criminal case ensures a totalizing temporal horizon of action. In the second part of the chapter, I show how the scene of crime is rendered through public health surveillance and expert psychiatric knowledge that constructs the accused woman as a dangerous element in the social body. I argue that these processes of elucidating the crime through extra-legal knowledges produces a juridical subject defined by pathological kinship relations. Criminal responsibility is therefore not secured through the autonomous individual who is master of their acts, but against the backdrop of the normal family held together by intimate knowledge.

In the final chapter, I explore the politics of feminist advocacy for abortion access. I bring Hannah Arendt’s theory of action into conversation with political theories of care, medical anthropology, and reflections on ethnography. Rather than rehash debates about “the body” as a feminized biological fact pushed outside Arendt’s conception of political life, I consider how her notion of political action relies on a

temporal imaginary of the world as durable. Following this re-reading of what is at stake in Arendt's thought, I describe an accompaniment encounter in which I was haunted by the feeling that I could not know the effects of my action. In conclusion, I suggest that the contingency of accompaniment encounters, and in particular their articulation with the limits and possibilities of ethnographic inquiry, reflect an ephemeral temporality of political action as a way of inhabiting the world.

Chapter 1:

Exceptional Legality

Feminist scholars tend either to characterize contemporary reproductive rights politics in Latin America along trajectories of Liberal progress and Catholic backlash, or to locate them within a Foucauldian history of the emergence of population as an object of governmental intervention. While the first approach holds fast to liberal feminist ideals of maximizing women's individual rights and freedoms by reclaiming the body from the control of men and the institutions of church and state (Ortiz-Ortega and Barquet 2010, Ruibal 2014), the second casts a critical eye on how (neo)liberal reproductive rights technologies shape the governance of racialized and economically marginalized populations (Roberts 1997, Briggs 2002, Erviti 2005). Anthropologists Lynn Morgan and Elizabeth F.S. Roberts offer the concept of "reproductive governance" as a way to think through transformations in the political rationalities of reproduction and population in Latin America (2012). They argue that governmental policies aimed at controlling and normalizing reproductive practices have been polarized by rights-based discourses since the Cairo International Conference on Population and Development in 1994 and the Fourth World Conference on Women in Beijing in 1995. In their view, notions of population control and reproductive health in the cold war era have given way to a

neoliberal form of governance, which entails “a new – and newly juridical – understanding of individual rights” (2012: 245). While this formulation of individual rights has served as the platform for legislations that provide greater access to abortion and contraception, it has also created an opening for a competition between the “right-to-life” of the unborn and the “reproductive rights” of women (See Htun 2003). Morgan and Roberts further suggest that “the right to health,” envisioned as a *collective* right in Latin American constitutions, is in tension with the *individual* rights invoked by reproductive rights, which in contrast to encouraging social health policies, “support neoliberal agendas... by producing citizens who have the ‘right to choose’ (that is, to consume) privatized medical services” (2012: 248). In this sense Morgan and Roberts echo broader critiques of the “ngoization” of feminist social movements that has led to the selective appropriation of radical political demands by governmental institutions (Alvarez 1999; See also Schild 2014 and Speed 2006b). Yet the effects of neoliberal reforms pertaining to health, sexuality, and reproduction are not as easily discernable and transferable across settings as Morgan and Roberts’ analysis might imply (Reyes-Kipp 2014, See also Howes-Mischel 2012).

The current landscape of abortion law in Mexico does not quite accommodate this picture of neoliberal government through individual rights and NGO-mediated consumer-citizenship. The 2007 Mexico City legislation obligates the city’s Ministry of Health to provide free abortion services to women upon their demand. Although the legislation stipulates a *cuota de recuperación*, or recovery fee, that ranges between 1,415 (75 dollars) and 7,000 pesos (375 dollars),⁷ for non-residents of Mexico City, it provides

⁷ The fee is supposed to be determined by clinic social workers using the Mexico City Ministry of Health standard “tabladora de cuotas de recuperación por servicios medicos” organized by 5 socioeconomic

free-of-cost service to any woman who makes use of one of the four “special” clinics. The specialized clinics are located within neighborhood health centers across the city and are solely committed to the provision of the Legal Interruption of Pregnancy (ILE). In the chapters that follow, I focus in more detail on the juridical and medical subjectivities engendered through the provision of free abortion care in specialized clinics, as well as the particular role of feminist accompaniment networks that facilitate women’s access to these spaces. In the current chapter, I describe the legal and political landscape in which these clinics and networks operate.

To begin to examine the assemblages of reproductive governance at work in competing state abortion policies, we have to consider the pluralism internal to Mexican state law, and more specifically, the particularity of Mexico City as a capital city with a unique degree of political autonomy from the federal government. Studies of legal pluralism have often separated “state law” from non-state “norms and customs,” often unwittingly reinscribing the taken for granted legal concepts of the neoliberal state at the outset (Poole 2006). My approach here explores the normative “pluralism” within the formal structures and jurisdictions of the state itself. Extending critical anthropological studies of how indigenous struggles for collective rights and autonomy articulate with the normative plurality of state legal “customs” (Nader 1990, Collier 1973, Stephen 1997, Sierra 1995, Hernandez-Castillo 2002), my research tracks the normative pluralism of state legality across subnational domains of abortion regulation (Sieder et al 2013, Baitenmann et al. 2007).

groups.

http://www.finanzas.df.gob.mx/transparencia/15/1/otros/2014/tabulador_servicios_medicos_2015_pf.pdf
<http://ile.salud.df.gob.mx/preguntas-frecuentes-interrupcion-legal-embarazo-df/>

Within the history of Mexican federalism, Mexico City, ordinarily called “el DF” (acronym for the Distrito Federal), has been the locus of efforts to centralize political power (Alonso 2012, Craib 2004). Yet it is also a prominent site for leftwing intellectual dissent and resistance to the 71-year autocratic rule of the PRI (Partido Revolucionario Institucional) (Poniatowska 2014, Monsivais 2008). Since 1997, the Federal District has been governed by a locally elected mayor and Legislative Assembly (ALDF) that favor social-democratic policies and agendas put forth by the PRD (Partido de la Revolución Democrática)- a left-leaning political party that has an irregular personality in the federal states. In January 2016, administrative reforms officially renamed the Federal District, the “Ciudad de Mexico,” and began a process of conferring statehood to the city, which involves further decentralizing the city government and writing a new city constitution. In light of its unique legal and political culture, Mexico City is simultaneously disparaged and celebrated as exemplary of Mexico’s liberal modernity.⁸ Often in a defensive tone, the legality of abortion in Mexico City is spoken of as a privileged form of rights-based citizenship that is only accessible within the city’s jurisdiction. Dra. A, the administrator of one of the special ILE clinics put it like this: *“those of us who live in DF have a lot of rights, and the women who live outside don’t have any... so it’s like what Marta Lamas, or one of them [feminists], said: discrimination against women.”* In response to the moral attacks on DF government abortion providers by numerous politicians and Catholic Church officials, she said: *I call them mochos (uneducated Catholic fanatics), the ones who beat their chests while at the same time go around doing worse things than this [providing abortion] that they criticize us for. They should realize that that women are*

⁸ Hector Carillo analyzes how teenagers in Jalisco talk about Mexico City as a place of both sexual freedom and gender equality, and dangerous anonymity and promiscuity (2007).

going to come to DF; they can't [keep] them- I mean, they can't cover the sun with only a finger, the woman requires it, she requires it, she needs it..."⁹

Marta Lamas, a major figure in Mexican feminist politics and founder of the legal advocacy group GIRE (Grupo de Informacion sobre Reproduccion Elegida), begins the story of the feminist struggle for reproductive rights in Mexico in the 1930s following the publication of the Federal Penal Code of 1931 (Lamas 2008b, See also Cano 1990). Spearheaded by socialist-feminist medical doctors, arguments for the decriminalization of abortion were presented as *derogaciones* or exemptions/dispensations of the penal code under certain conditions. The regulation of abortion under specified "social and economic causes," should be, one of the doctors argued, "the responsibility or *competency* of public health and not criminal law" (as cited by Lamas 2008b: 13). In the 1970s legal and policy discussions about abortion surged again, now alongside the General Law of Population (Ley General de la Población) and the creation of the National Population Council (CONAPO)- re-centering the debates within a broader governmental science of administering the problem of population. CONAPO began to generate the demographic statistics and systems for indexing and mapping socioeconomic marginalization in relation to the coordinates of rurality, such as schools and health centers, that continue to provide the data for national health policy (Agudo 2015: 79). In 1973, modifications to the Federal Sanitary Code that prohibited the sale of contraceptives laid the groundwork for the General Population Law, which, the following year, established that the State was obligated to provide family planning services free-of-

⁹ "Yo lo digo mochos, son los que sean golpes de pecho y por otro lado andan haciendo cosas peores que esto que nos critican, deberían de darles cuenta que las mujeres van a venir a df, no las pueden, o sea no puedan tapar el sol con un dedo, la mujer lo requiere, lo requiere, lo necesita..."

cost to women in public health institutions (Erviti 2005: 91; See also Bliss 1999).

Following the Population Law, The Feminist Women's Coalition (Coalición de Mujeres Feministas), along with CONAPO, published a report that recommended that the penal sanction of abortion be suspended under the banner of "Voluntary Motherhood" (Lamas 2008b).¹⁰ This route of argumentation led to the expansion of the legal circumstances under which abortion would not be punished in direct relation to the emergent objectives of family planning policy directed at poor, rural, and indigenous families.

Adriana Ortiz-Ortega locates contemporary Mexican abortion laws in a longer colonial history (2007). Abortion was classified as a crime in the first systematic penal code written by Spanish colonial officials for Mexico in 1871. The exception of *honoris causa* – which still appears in Mexican state penal codes today- reflects the Catholic morality embedded in the legal reasoning about *how to punish* abortion, which is closely linked to defining *what kind of crime* it is. The *Honoris causa* provision lessens the intensity of the criminal offense as well as its punishment if the woman is of "high reputation," conceives out of wedlock, and attempts to conceal her pregnancy (Art. 573 of the 1871 Penal Code). Ortiz-Ortega relates the *honoris causa* provision to a persistent "gentlemen's agreement" between the Catholic Church and the post-revolutionary Mexican state that has resulted in the inaccessibility of legal abortion- that is, even in the exceptional circumstances in which punishment is supposedly suspended. From this standpoint, we see how the progressive liberalization of abortion law through exception

¹⁰ The language of Voluntary Motherhood is distinct from, though obviously related to the Global Health Initiative, Safe Motherhood, which calls for the legalization of abortion in light of maternal mortality in conditions of poverty, low access and criminalization (Starrs 2006). But voluntary motherhood campaigns are specifically responsive to the Latin American context of forced sterilization and Catholic values of maternity. It continues to shape contemporary campaigns put forth by Catholics for the Right to Decide. One current CDD campaign reads: "Maria was consulted about being the mother of god" (Maria fue consultada para ser el madre de dios).

emerges from a colonial catholic context, in which codes of honor and kinship are tightly bound with race and class status (See Seed 1992 and Martinez 2009). The current legal exceptions under which the punishment for abortion is set aside now include a range of “secular” state interests. Yet, as I explore in Chapter three, the prosecution of abortion as a crime of kinship reveals the persistent juridical and moral uncertainty about what kind of crime abortion is, how it should be punished, as well as who, or what kind of individual commits such a crime.

Because each state has its own criminal code and health law, abortion regulation varies widely across Mexico. Yet all states, including Mexico City, currently define abortion as a crime with exceptions that range from accidental behavior on the part of the pregnant woman, pregnancies that are the result of rape, grave danger posed to maternal health, risk of death, non-consensual artificial insemination, fetal malformation, and in Mexico City, up to the first 12 weeks of pregnancy. Mexican feminists generally organize the state laws along a continuum of least to most exceptions, considering the highest number of exceptions to correspond to the most liberal regulatory framework (GIRE 2013, Ortiz-Ortega 2007). See table produced by GIRE on the next page: color-coded to highlight restrictive regimes in red that progress towards more liberal jurisdictions in shades of green.^{11 12 13}

¹¹ Figure Translations: *causales*- causes or reasons to allow legal abortion in *los entidades*: federal entities: *violación*- rape; *imprudencia o culposos*- imprudent or accidental conduct; *peligro de muerte*- risk of [maternal] death; *grave dano a salud*- grave injury to [maternal] health; *alteraciones genéticas o congénitas graves en el producto*- genetic or grave congenital alterations in the product [fetus]; *inseminación artificial no-consentida*- nonconsensual artificial insemination; *causas económicas graves siempre cuando la mujer tiene al menos 3 hijos*- grave economic reasons only in cases in which the woman has at least 3 children; *voluntad de la mujer hasta las 12 semanas de gestación*- the woman’s will up until the 12th week of gestation

¹² Translation of first para of text beneath the figure: In this classification the risk of death and injury to health are distinguished in the way that they appear in each penal code. Although the risk of death should

EL ABORTO EN MÉXICO	
ENTIDADES	CAUSALES ³⁸
GUANAJUATO	VIOLACIÓN IMPRUDENCIAL O CULPOSO
QUERÉTARO	
AGUASCALIENTES	VIOLACIÓN IMPRUDENCIAL O CULPOSO PELIGRO DE MUERTE
DURANGO	
SINALOA	
SONORA	
CAMPECHE	VIOLACIÓN IMPRUDENCIAL O CULPOSO GRAVE DAÑO A LA SALUD
NUEVO LEÓN	
CHIAPAS	VIOLACIÓN PELIGRO DE MUERTE GRAVE DAÑO A LA SALUD
	VIOLACIÓN PELIGRO DE MUERTE ALTERACIONES GENÉTICAS O CONGÉNITAS GRAVES EN EL PRODUCTO
GUERRERO	VIOLACIÓN IMPRUDENCIAL O CULPOSO INSEMINACIÓN ARTIFICIAL NO CONSENTIDA ALTERACIONES GENÉTICAS O CONGÉNITAS GRAVES EN EL PRODUCTO
	VIOLACIÓN IMPRUDENCIAL O CULPOSO GRAVE DAÑO A LA SALUD INSEMINACIÓN ARTIFICIAL NO CONSENTIDA
CHIHUAHUA	VIOLACIÓN IMPRUDENCIAL O CULPOSO PELIGRO DE MUERTE INSEMINACIÓN ARTIFICIAL NO CONSENTIDA
BAJA CALIFORNIA	
SAN LUIS POTOSÍ	
TABASCO	
JALISCO	VIOLACIÓN IMPRUDENCIAL O CULPOSO PELIGRO DE MUERTE GRAVE DAÑO A LA SALUD
MICHOACÁN	
NAYARIT	
TAMAULIPAS	
TLAXCALA	
ZACATECAS	
COAHUILA	VIOLACIÓN IMPRUDENCIAL O CULPOSO PELIGRO DE MUERTE ALTERACIONES GENÉTICAS O CONGÉNITAS GRAVES EN EL PRODUCTO
MÉXICO	
OAXACA	
PUEBLA	
QUINTANA ROO	
MORELOS	
VERACRUZ	VIOLACIÓN IMPRUDENCIAL O CULPOSO PELIGRO DE MUERTE ALTERACIONES GENÉTICAS O CONGÉNITAS GRAVES EN EL PRODUCTO INSEMINACIÓN ARTIFICIAL NO CONSENTIDA

be interpreted as subsumed within injury to health, the situation specified in Campeche, Chihuahua, Hidalgo and DF. This interpretation is what offers the most protection to women's reproductive rights.

¹³ Translation of second para beneath the figure: This figure demonstrates the heavy legal restrictions of abortion access in this country. **The entities with the most restrictive abortion legislations are Guanajuato and Queretaro; where they only admit the causes of exception for sexual violation and accidental abortion.** Also important, there are only 8 states that have more than 4 causes.

EL ABORTO EN MÉXICO	
ENTIDADES	CAUSALES ²⁸
HIDALGO	VIOLACIÓN IMPRUDENCIAL O CULPOSO GRAVE DAÑO A LA SALUD ALTERACIONES GENÉTICAS O CONGÉNITAS GRAVES EN EL PRODUCTO INSEMINACIÓN ARTIFICIAL NO CONSENTIDA
YUCATÁN	VIOLACIÓN IMPRUDENCIAL O CULPOSO PELIGRO DE MUERTE ALTERACIONES GENÉTICAS O CONGÉNITAS GRAVES EN EL PRODUCTO CAUSAS ECONÓMICAS GRAVES Y JUSTIFICADAS SIEMPRE QUE LA MUJER EMBARAZADA TENGA YA CUANDO MENOS TRES HIJOS
BAJA CALIFORNIA SUR COLIMA	VIOLACIÓN IMPRUDENCIAL O CULPOSO PELIGRO DE MUERTE ALTERACIONES GENÉTICAS O CONGÉNITAS GRAVES EN EL PRODUCTO GRAVE DAÑO A LA SALUD INSEMINACIÓN ARTIFICIAL NO CONSENTIDA
DISTRITO FEDERAL	VIOLACIÓN IMPRUDENCIAL O CULPOSO ALTERACIONES GENÉTICAS O CONGÉNITAS GRAVES EN EL PRODUCTO GRAVE DAÑO A LA SALUD INSEMINACIÓN ARTIFICIAL NO CONSENTIDA VOLUNTAD DE LA MUJER HASTA LAS DOCE PRIMERAS SEMANAS DE GESTACIÓN

En esta clasificación se distingue entre la causal de grave daño a la salud y peligro de muerte toda vez que así es como se encuentra establecido en los diferente códigos penales. Sin embargo, la causal de peligro de muerte debiera interpretarse como subsumida en la de grave daño a la salud, situación que incluiría a Campeche, Chihuahua, Distrito Federal e Hidalgo. Esta interpretación es la que ofrece mayor protección a los derechos reproductivos de las mujeres.

Este cuadro pone de manifiesto las grandes restricciones legales que existen para acceder al aborto en el país. **LAS ENTIDADES EN DONDE SE ENCUENTRA LA LEGISLACIÓN MÁS RESTRICTIVA EN MATERIA DE ABORTO SON GUANAJUATO Y QUERÉTARO, EN LAS QUE SÓLO SE ADMITEN COMO CAUSALES DE EXCLUSIÓN DE RESPONSABILIDAD LA VIOLACIÓN SEXUAL Y EL ABORTO IMPRUDENCIAL.** Asimismo, existen únicamente ocho entidades federativas que tienen más de cuatro causales.²⁸

Fig. 1

The range of exceptions reflects the diverse strategies pursued by reproductive rights advocates within the parameters of its logic. The long-term and incremental project of expanding exceptions also suggests a vision of legal change particular to Mexico and other countries with civil law systems, as compared to the precedent-based common law systems of, for example, the U.S. and the UK (See Zamora et al. 2004). In civil law, the codification of exception is not primarily expected to reflect or respond to actual cases, but rather to create textual links within the law (Latour 2010). For instance, “nonconsensual artificial insemination” was one of the “exceptional causes for impunity” added to the Mexico City penal code in the passage of Ley Robles in 2000, often cited as the necessary precursor to the 2007 legislation. The actual cases that might pertain to “nonconsensual artificial insemination” are not that important to the minds of law-makers, but rather the insertion of a legal concept of consent. The concept of consent creates a *potential* link between the provisions for legal (not-punishable) abortion to broader discussions about reproductive rights as constitutional rights. That said, along with pushing for more expansive exceptions in state penal codes, feminists have also fought for the creation of protocols and standards of care in states’ response to women seeking procedures through such exceptions. This is a minimal demand intended to make the existing openings in the law actually mean something in practice. As has been well documented over the last decade, a heavy burden of proof lies with women seeking abortion through exceptional provisions. In the process of acquiring “expert authorization,” their petitions to the state for legal care are so delayed and morally attacked that they more often than not give up or do not attain the procedure in time (Lamas 2008a, Lerner and Guillame 2003).

A Different Logic of Exception

The 2007 Mexico City reforms both extend what might be understood as a *logic of exception* that has framed Mexican abortion law historically, and breaks it open in important ways.¹⁴ Feminist theorist, Penelope Deutscher suggests that approaching abortion law through an analytic of exception might allow us to grasp how reproductive bodies figure as both targets of biopolitical control and sites for various re-constructions and exercises of sovereignty (2008). In her view, “abortion has relentlessly and internationally- and in an uncannily duplicating formation of policy and law been its own state of exception” (2008: 60). Deutscher’s notion of the “state of exception” draws on Giorgio Agamben’s theorization of the sovereign’s capacity to suspend the law, and in that suspension create a zone of bare life, or social and political abandonment (Agamben 2005: 4). She ultimately suggests that the regulation of abortion through exception is a biopolitical form of government in which the body of the woman is configured as a sinister sovereign competing with the state, and the fetus is made akin to bare life.¹⁵ Indeed, I would argue along with Deutscher that abortion is in many different contexts, regulated through a form of *exceptional legality*. But the different ways in which exception works at particular historical and political junctures matters. By attending to the specificities of Mexican abortion law, we see another way that exception has

¹⁴ This logic of exception has arguably characterized abortion policy internationally. The pattern of progressive exemptions from criminality is found in manner civil law contexts. (See Le Deoff on France)

¹⁵ In this chapter, I am less concerned with how current abortion debates construct the fetus as bare life (which indeed it does in global Pro-Life/Anti-abortion discourses) (See also Deutscher 2016 and Cooper 2009), and more interested in how the legalization of abortion through exception suggests an historically and culturally specific form of government in which problems of population and issues of crime and punishment are intertwined in a particular way.

constituted the basis of juridical power, revealing the tenuous and incomplete relays between conflicting, but coexisting, rationalities of law and government.

For instance, the legalization of abortion in the United States, established by the *Roe v. Wade* precedent in 1973, deploys a language of exception in which the state's interests might, at an unspecified moment, trump a woman's right to decide. In the U.S. Supreme Court *Roe v. Wade* opinion, Justice Blackmun qualifies women's right to decide as follows:

“...appellant and some *amici* argue that the woman's right is absolute and that she is entitled to terminate her pregnancy at whatever time, in whatever way, and for whatever reason she alone chooses. With this we do not agree. Appellant's arguments that Texas either has no valid interest at all in regulating the abortion decision, or no interest strong enough to support any limitation upon the woman's sole determination, is unpersuasive. The Court's decisions recognizing a right of privacy also acknowledge that some state regulation in areas protected by that right is appropriate. As noted above, a State may properly assert important interests in safeguarding health, in maintaining medical standards, and in protecting potential life. At some point in pregnancy, these respective interests become sufficiently compelling to sustain regulation of the factors that govern the abortion decision. (*Roe v. Wade* 410 U.S. 113 1973)

The opinion first delimits abortion as a right within a private sphere supposedly free of state intervention, which, as many scholars have shown, takes for granted an abstract subject of “private choice” (Roberts 1997, Briggs 1998, Solinger 2008). Second, it reconfirms the state's readiness to intervene upon its legitimate interest in health and “potential life” (See Greenhouse and Siegel 2012). Here “potential life,” and in a parallel fashion, the state's interest in safeguarding “health,” are exceptions under which women's right to decide might be suspended.¹⁶ This form of legality and exceptionality

¹⁶ In her analysis of the criteria for determining state intervention within global health discourse, Veena Das outlines three conditions: market failure, when a person's actions could harm another,

not only gesture to the sovereignty of the state by holding in perpetual suspension the possibility of intervention, but also places the right to abortion in tension with a web of agitated interests, in which given the variable political leanings of each state in a federal system of law, women might not have access to that right. While the *Roe v. Wade* jurisprudence explicitly links the growing interest in protecting life to the advancement of pregnancy, in recent years conservative legislators have reinterpreted the margins of when and how abortion should be disallowed or prevented in the name of “potential life” and “health”- effectively making even first trimester abortion inaccessible in some states (Borgmann 2014, Pruitt and Vanegas 2015).¹⁷ Whereas in the U.S. individual rights are the ongoing rule to which exceptions in the name of health potentially legitimate state intervention (a logic that has functioned to obstruct women’s abortion rights), in Mexico, feminists have mobilized a discourse of health as an exception to the ongoing rule of criminality in their attempts to expand women’s access to abortion.

In recent years, Mexican feminists’ struggle to re-code abortion in “secular” terms of population and public health has been coterminous with the public reorganization of the state in relation to the Catholic Church. In 1991, President Carlos Salinas de Gortari amended the 1917 constitution to give juridical status to the church, revoking a central tenet of Mexico’s tradition of liberal anticlericism. Recalling Adriana Ortiz-Ortega’s suggestion that colonial abortion law was built upon a private “gentleman’s agreement”

or to redistribute resources to vulnerable populations (2015). Otherwise, global health policy withholds intervention in the name of the “rational unitary individual who evaluates all his choices and selects which one would maximize utility” (199). Intervention here, like in U.S. abortion law, operates as an exception to the rational health choices of the individual. We see then that the logic of intervention underlying Mexican abortion law and policy also importantly differs from global health discourse.

¹⁷ Recent legislations- known by reproductive rights advocates as- TRAP laws- “Targeted Regulation of Abortion Providers”- re-deploy “the state’s interest in safe-guarding health” purely as guise for limiting access (Hendricks 2014).

between church and state, Salinas de Gortari claimed to “modernize” church- state relations by making them public and explicit.¹⁸ The overtness of the interdependence of the Catholic Church and the Mexican State has brought the prohibition of abortion, alongside moral imperatives of the family, to the fore of right-wing government campaigns and policies (Reyes-Kipp 2014).

Against this background, the Mexico City reforms, and the legal debates that have followed, have generated a new field of reproductive politics. Reforms to Mexico City’s Penal Code changed the definition of abortion as occurring only after the twelfth week pregnancy, before which it is no longer sanctioned as a crime.¹⁹ The Legislative Assembly also introduced a new article in the City Health Law that defines the “Legal Interruption of Pregnancy” (ILE) as an integral part of public services up to the 12th week of gestation. The Health Law obligates the Mexico City Ministry of Health to provide ILE procedures to women upon their request, regardless of her circumstances and without requiring any form of external authorization (Enriquez and Anda 2008). To better comply with this obligation, the Ministry created the four specialized ILE clinics, mentioned earlier, which are funded by the national insurance program (Seguro Popular) and follow standardized protocols of care. Whereas earlier reforms expanded the range of exceptions through the addition of new circumstances, the Mexico City law provides a *temporal opening*, rather than a circumstantial one. This opening is in part achieved through the invention of the new terminology “Legal Interruption,” creating an awkward disjuncture between the “legal” definition of pregnancy termination and biomedical, as

¹⁸ After a special dinner for the Mexican Bishop’s Conference at Los Pinos (the presidential house), an Archbishop excitedly told journalists, “*We entered through the front door*” (El Universal 1990, LaTimes 1990).

well as ordinary understandings of abortion. In other words, the invention of the term- “Legal Interruption of Pregnancy”- which now refers to any termination before 12 weeks, attempts to sever the textual links between first trimester “interruptions” regulated in the Health Law and “abortion” as it is regulated in the penal code. Just as the addition of the “nonconsensual artificial insemination” exception *binds* the texts of criminal to constitutional law, the renaming of first trimester abortion as the “Legal Interruption of Pregnancy” shows an “aptitude to *unbind*” (Latour 2004: 150). Through this unbinding of “ILE,” from “abortion,” the elite academic lawyers who designed the reforms pride themselves with having found a way to experiment with a new form of legality (*Personal communication*, 2015). Taking their strategies seriously, we might think of Mexico City as an intensified site of normative experimentation in which the regulation of early abortion has [almost] been shifted into a new domain of law.

Competing Rationalities of Government

Since abortion debates in the 1930s, briefly mentioned earlier in this chapter, Mexican feminists have sought to move the regulation of abortion from the jurisdiction of criminal law into the domain of public health. As Marta Lamas highlights, early arguments for the decriminalization of abortion were presented as *derogaciones* or exemptions from the penal code under specified “social and economic causes.” Under these causes, it was argued, abortion should be defined within the *competencia* of public health instead of criminal law (Lamas 2007: 13). “Competencia,” or competency, suggests not only spatial jurisdiction- where the application of law is questioned in relationship to a bounded physical territory, but also in regards to what *domain* of law the

object in question belongs (See Benton 1999, Ford 1999, Richland 2013).²⁰

The Mexican Supreme Court jurisprudence written after the long public debate about the decriminalization of abortion in Mexico City has been criticized for avoiding a substantive interpretation of constitutional rights in favor of a politically neutral, technical, invocation of the “strict principles of legality” (Madrado and Vela 2013). One month after the passage of the Mexico City reforms, the President of the Comisión Nacional de Derechos Humanos (CNDH, National Human Rights Commission) brought an *Acción de Inconstitucionalidad* (Action of Unconstitutionality) against the Federal District Legislative Assembly (*Asamblea Legislativa del Distrito Federal*, ALDF) to the Mexican Supreme Court, arguing that the legalization of abortion violated fundamental human rights.²¹ In response, Marcelo Ebrard, the mayor of Mexico City at the time, argued that if the CNDH action was to be considered legitimate, it would have to be within the framework of a constitutional controversy (*controversia constitucional*) which deals with the competencies of the organs of government in Mexico’s federalist hierarchy, and not with the principles of fundamental rights as implied by an action of unconstitutionality. The Supreme Court admitted the action emphasizing the valued role of the CNDH in raising the question of fundamental rights in “abstract” terms, as opposed to technical terms of jurisdictional competency (Action 147/2007, 114).

²⁰ In *Security, Territory, and Population*, Michel Foucault (2007) traces a shift from “disciplinary” power to what he characterizes with varying clusters of terms, such as “security,” “governmentality,” and “neoliberalism” (Dilts and Harcourt 2009, Fassin 2009). Whereas Foucault’s reading of disciplinary formations allowed him to track how juridical power is dispersed across institutions and “transported to the entire social body” (Foucault 1975: 298), in the *Security, Territory and Population* lectures, he explores how objects of government are inserted within a series of probable events and invested with calculations of cost (2007: 6). The problem of security “refers to the temporal and the uncertain, which have to be inserted within a given space” (Foucault 2007: 20). We might consider how “jurisdiction” works as a technique of government in contemporary abortion debates in relation to probable events and uncertainty.

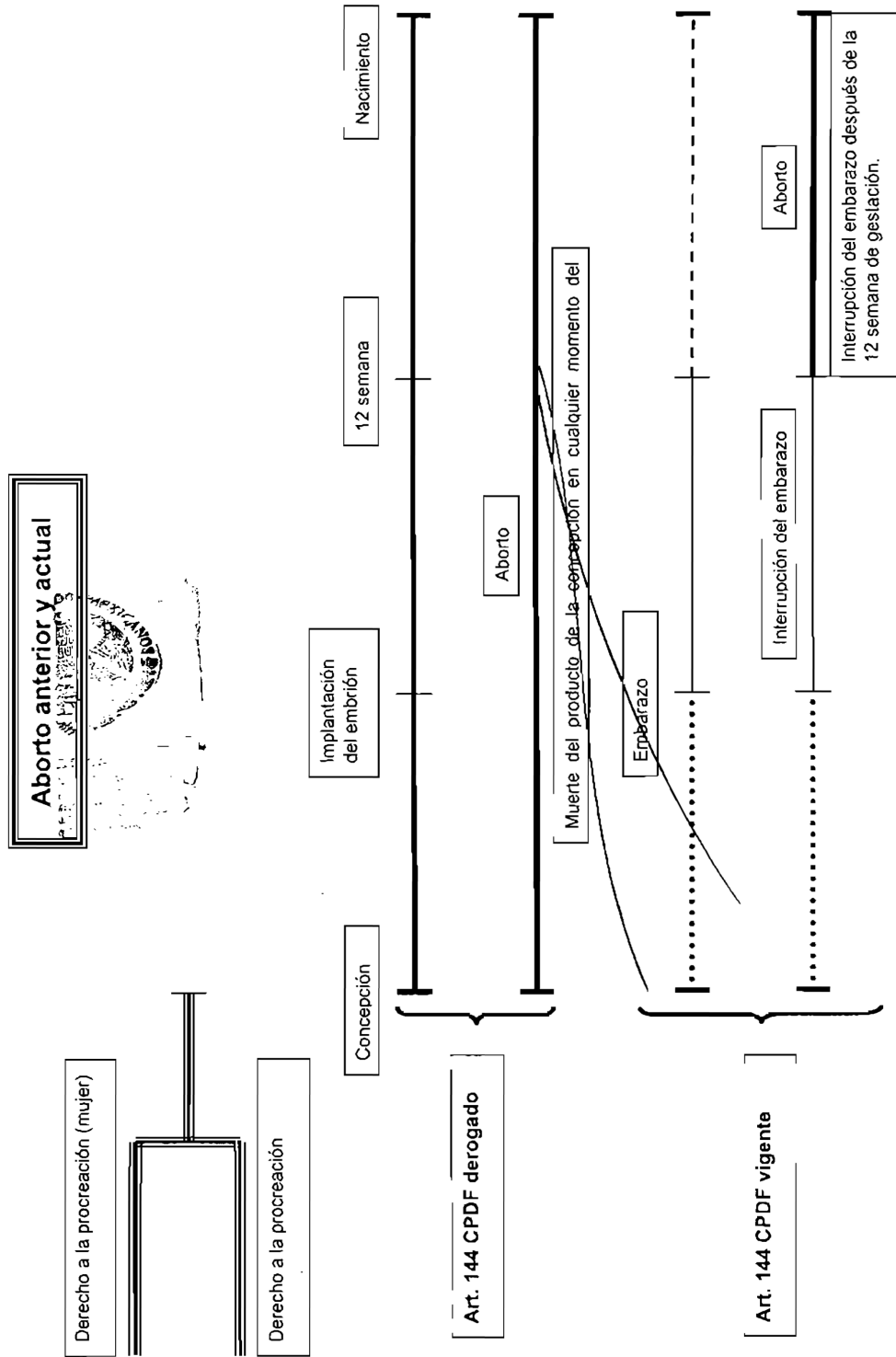
²¹ The action was also put forth by the Procuradur General de la República (General Attorney’s Office) and the Supreme Court subsequently consolidated their arguments into one case

The original *demanda* is organized around ten separate “*conceptos de invalidez*”- concepts of invalidity or inaccuracy- in which the CNDH argues that the Mexico City reforms violate the Mexican Constitution. Not all of the points were taken up by the Supreme Court as worthy of pursuing, and here I will only highlight those that the Court then reproduced in the presentation of the case to itself. Of the ten points of contention, the Court discussed in great detail whether or not the Constitution of the United States of Mexico recognizes the right to life, and more specifically if the right to life is the fundamental principle and value that underlies all other rights (Demanda, 12). The Court also discussed the CNDH’s ironic, and by all accounts, “unreasonable” claim that by placing the decision-making power solely in the hands of women, the Mexico City reforms violate men’s right to paternity, equality and procreation. Of most interest for this chapter though, are the seventh and eighth concepts of invalidity that are central to what critics consider as the out-of-date technicality of the Court’s final ruling.

The seventh concept of invalidity argues that the reforms made to the Federal District penal code contradict “the principle of the exact application of the law,” citing Article 14 of the Constitution, “en los juicios del orden criminal queda prohibido imponer, por simple analogía, y aún por mayoría de razón, pena alguna que no este decretada por una ley exactamente aplicable al delito que se trata” (81). *Nullum crimen sine lege*- no crime without law. In other words, “one cannot consider an act a crime unless it is defined in the law as such. So too, for all acts catalogued as a crime, the law must expressly prescribe the punishment that corresponds to it, in the case that it is consummated” (82). The CNDH demanda continues that this “principle of exact application of the law” not only obligates legislators to establish that an act is of criminal

nature, but also that they describe “with clarity and precision” the act or conduct that is criminal and the corresponding type of punishment. The principle lies at the core of traditional civil law limitations on the interpretative authority of judges in order to protect against corruption (Merryman 1969). In this tradition, criminal law must be precise and explicit, “with no ambiguity” so that it is not “subject to the discretion of the judge who applies the law” (83). In this sense, legislators must “avoid using indeterminate concepts that generate a state of uncertainty” (84). The demanda lists four “inexactitudes” that the Mexico City reforms dangerously propagate within law. The first is the impossibility of determining exactly when the temporality of “after twelve weeks” begins and ends, the second is the imprecise definition of consent (they give the example of digital finger print obtained from a woman who is sedated). The third inaccuracy, they argue, is that the level of punishment given to a woman who aborts a pregnancy after 12 weeks of gestation is not severe enough. The fourth, and “most important of the inaccuracies,” refers to the ambiguously changing juridical status of life over the course of three phases of pregnancy. To illustrate the temporal uncertainties set into motion by the Mexico City reforms the CNDH provides the following diagram.

Fig. 2



The eighth concept of invalidity refers to the “invasion of competencies,” arguing that the federal government has ultimate authority over laws pertaining to health and that the Mexico City reforms put into a place a definition of pregnancy that contradicts the Federal General Health Law. The last concept *spatializes* the conflicting temporal frameworks of juridical personhood, pregnancy, and intervention as a problem between the hierarchies of jurisdiction. After an unprecedented appeal to the participation of civil society with a special online forum and a series of public hearings (audencias públicas) from a range of “experts” on either side of the debate,²² eight of the eleven Supreme Court Justices agreed in August 2008, that the Mexico City reform was constitutional. In its plurality opinion, the court framed the central question before it as follows:

This case confronts us with a peculiar problem, in which the question to be answered is the opposite of the one responded to by [constitutional courts in most abortion cases elsewhere]: we must ask if the state has the obligation to criminalize a specific type of conduct, and not if the criminalization of a particular type of conduct affects or violates constitutional rights.²³

Here the Court reiterates the “opposite” logic of exception that operates in the United States that I outlined earlier. This manner of casting the question allowed the court to sidestep the question of reproductive rights versus the right to life, bringing to the fore arguments about the “principle of legality” and jurisdictional competency. The court held that Mexico City was not obligated to penalize an action even if it were considered a crime in penal codes. In this sense, the Legal Interruption of Pregnancy was reiterated as an exception to the ongoing rule of abortion criminality, while at the same time health

²² The public hearings were held between April 10th and June 27th in 2008. The University Program for Gender Studies (PUEG) at UNAM published a book with a selection of the presentations made at the audiences. See Enríquez and de Anda 2008. The Center for Documentation and Library of GIRE also produced a series of video recordings of the audiences that I will analyze in future publications.

²³ This statement also reflects the comparison drawn earlier between the way exception works in the context of U.S. abortion law vs. Mexico.

regulation and penal codes were asserted as separate domains of law that did not necessarily have to hold to the same temporal definitions of pregnancy and juridical personhood, as long as they complied with jurisdictional limits. Through technical arguments about the principles of legality and jurisdiction, the Court left in tact the double regulation of abortion as a crime *and* public health concern. As an ambiguous object of government hinged between alternating domains of law, or *competencias*, I would argue that abortion regulation has been re-spatialized, as states attempt to fix competing temporal imaginaries of personhood, pregnancy, and intervention in terms of territorial jurisdiction.

Jurisdiction as Legal Guerilla

Scholars have noted a process of the “judicialization of politics” in Latin America (Sieder et al 2005, Biehl 2013a). Rather than assume that political and social movements are colonized by law and legal language (Alvarez and Escobar 1992), these works attend to how law might be resignified beyond the (neo)liberal frame (See Merry 2006). I read Mexican feminist legal debates about reproductive rights attuned to that possibility. Shortly following the Supreme Court decision on the Mexico City abortion law, the majority of Mexican states began initiatives to reform their local constitutions to protect life at the moment of conception (GIRE 2013). Feminist legal advocacy organizations quickly began strategizing how to best challenge the “life begins at conception” reforms in the Supreme Court. They considered two options: the *writ of amparo*, which can be mobilized on behalf of an individual whose constitutional rights have been violated by

state authorities, or the *action of unconstitutionality*, (as was used in the case against the Mexico City government by the CNDH), which requires the backing of an institutional body like the State Attorney Office or a human rights commission. The writ of amparo has been the main strategy for litigating abortion rights over the last few decades. In Mexico's civil law system, the only way for the judiciary to establish binding precedent is through the amparo procedure, which dates back to the 1857 Constitution. The amparo is literally a "protection" that can halt government actions that encroach on an individual's constitutional rights. But it is only binding for the individual case. Only after five consecutive and identical rulings on the same topic can *jurisprudencia* (the closest thing to precedent in civil law) be produced from it retrospectively (Marquez-Carrasquillo and Shirk 2008). In the feminist struggle for abortion rights, amparos have involved making a public scandal of a particular instance of state violence against an individual woman, such as in the famous case of Paulina Ramírez versus Baja California. Paulina was 13 years old when she was raped in 1999 and subsequently denied a legally permitted abortion by health and law enforcement officials. In 2002, an association of international reproductive rights NGOs and the Mexican legal advocacy group for voluntary reproduction (GIRE), filed a petition on her behalf with the Inter-American Commission on Human Rights, alleging violations of her legally guaranteed rights under Mexican law, as well as her rights to physical and psychological integrity and health. Paulina and her mother testified to being dissuaded from securing the abortion, from bureaucratic-administrative deferrals to moral coercion (Univ. of Minnesota Human Rights Library, 2007).²⁴ The structures of dissuasion that prevented Paulina from

²⁴ For instance, while waiting to meet a doctor at the public hospital, Paulina was shown videos about the violence of abortion and sent to speak with a Catholic Priest.

securing an abortion were especially influential in her home state of Baja California, where the ultra-conservative National Action Party (PAN), closely aligned with the Catholic Church,²⁵ had been in power for 11 years and where the state's PAN governor Vicente Fox was preparing his presidential campaign. In the widely circulated NGO pamphlet "Paulina: In the Name of Law," reproductive rights activists denounced public health officials for "prioritizing their own personal religious beliefs over the rule of law" and called for the neutrality of legal institutions necessary for a democratic secular state (GIRE 2000).

In 2013, feminist legal advocates adopted a new strategy, mobilizing cases of *constitutional controversies* on behalf of municipalities against their local state governments. At the time I was approaching the end of my fieldwork in Mexico City. It had taken me months to figure out how to request access to cases in the Supreme Court. The first few times I visited the court (after presenting numerous letters explaining my research), I was directed to a common room with desk-top computers where I could look up cases. There was a man in charge of helping outsiders find what they were looking for on the court's website. I told him I was interested in all of the discussions and jurisprudence surrounding abortion. Of course! he said. If I could just bring an external hard drive he would transfer some of the files for me directly. Elated, I returned in the afternoon with a hard-drive, when I got home I opened the files to see that he had given me only what was already available through the online "transparency" website. Only

²⁵ In the 1990s, under the presidency of Carlos Salinas de Gortari, the juridical status of Catholic Church was revised through amendments to the constitution that had protected the tradition of liberal anticlericism that characterized the Mexican Revolutionary and Post-revolutionary state. Salinas de Gortari claimed to "modernize" church-state relations by making them public and explicit. After a Mexican Bishops Conference at Los Pinos (the presidential house), an Archbishop told news agencies with glee "We entered through the front door" (El Universal, LaTimes).

after hiring an UNAM law student as a research assistant did I learn how to properly request access to cases before they are prepared for the public domain. Of course by the time I received notification from the court that I could visit the archives for a limited amount of time to read the cases of interest, I had already returned to Baltimore.

In January of 2015, I returned to Mexico for follow-up fieldwork. On that occasion I made a trip outside of Mexico City to visit one of the top nationally funded centers for legal research to speak with Arturo,²⁶ a central figure in the internally divided circle of Mexican feminist lawyers and activists. He welcomed me to a brand new office with bright expansive windows overlooking the dry landscape. Located thirty minutes outside the state's capital city, his first question to me was how much did the taxi charge. *Cincuenta pesos* (fifty pesos), I said. *Put a madre* (son of a bitch), he muttered. In fact, he had made a point to tell me in our brief correspondence how much it *should* cost, thirty pesos. But the place was extremely difficult to find and after driving back and forth the driver had requested eighty, I had talked him down to fifty. So you're a law student, he asked enthusiastically. No anthropology, I said. Arturo brought me to his office and he called out to his assistant, a young woman completing her Masters degree at UNAM and applying to law school in the U.S., to prepare us two coffees. We began a recorded conversation that went on into the evening, where I joined him in his drive to pick up his kids from school and then back to his house for dinner that had been prepared by his households' domestic caretaker.

I began with a few questions about the recent constitutional controversy cases that I had not been able to access directly, which Arturo had litigated in the Supreme Court. I asked how they had come up and how they departed from earlier strategies, speaking in

²⁶ I'm using a pseudonym to protect his confidentiality.

English because he was perfectly and keenly fluent. He said he would tell me the whole story but that he “*was known to ramble and go into long side stories*” and so I should interrupt and get him back on track as needed. Arturo started by recounting a meeting of representatives from ANDAR, the national alliance of NGOs for the right to decide. During that meeting, “*I gave a very strong opinion that... okay so here’s the thing*” he interrupted himself. “*At the time the only strategies that they had thought of were acciones de inconstitucionalidad and amparos. And then I gave my opinion that amparos are not going anywhere... and it’s important to mention this:* He spoke cautiously ...*the... internal politics of the feminist movement made it so that... from the Alianza- which is the big NGOs- they could only send one representative per legal strategy meeting. At this meeting the turn for being there I think was for, I don’t remember, but it wasn’t GIRE... so it was a meeting about the legal goals of the feminist movement and the protagonist wasn’t there.*” It was in this context that Arturo proposed a new legal strategy. He argued that the amparo structure necessitated that a woman either be willing to go to prison for an illegal abortion (since she would already be known to the state by virtue of her petition), or carry an unwanted pregnancy to term because of the delayed legal process of petitioning the state. Paulina Ramírez, for instance, gave birth in 2000. In this sense, the writ of amparo used in the case of an untenable or unwanted pregnancy has the paradoxical effect of claiming reproductive justice in the name of an individual while virtually ensuring that that individual will not see justice- she will either carry her pregnancy to term or wait for an undetermined amount of time in prison. The actions of unconstitutionality are not viable options because the majority of state government officials and human rights commissions are politically aligned with the reforms to protect

life at the moment of conception. “*So basically through those two avenues you’re screwed,*” Arturo concluded. His team of elite law professors based in Mexico City, most of them with law degrees from UNAM and masters and doctorates from Yale and Harvard, pursued constitutional controversies instead, which would bring the debates about abortion regulation back into the “*legal game of jurisdiction*” that the Supreme Court had initiated in its 2008 decision. Arturo contrasted the relatively conservative approach of the feminist NGOs that spearheaded most of the litigation on abortion rights through the writ of amparo and his own, perhaps more creative, engagement with law, which he called “*legal guerilla.*”

I was somewhat disappointed, and also quite amused, by a parallel he drew between the leftist politician Andres Manuel Lopez Obrador’s attempt to refuse the federally mandated switch to daylight savings time in Mexico City in 2001 and the municipal governments of Ansunción de Ixtaltepec and Uriangato attempts to refuse their states’ constitutional reforms to protect life at the moment of conception in 2013. Both issues entered the Supreme Court as constitutional controversies, and in both cases a larger authority was challenged by a smaller body within its own jurisdiction – in the first case the federal government was opposed by Mexico City and in the second, the state governments of Guanajuato and Oaxaca were opposed by municipalities. With a tone of admiration, I asked him if the idea to mobilize the constitutional debate through an invocation of municipal jurisdiction came from the legal struggles for autonomy that indigenous communities in Oaxaca and elsewhere had waged against the state and he responded that the precedent for their strategy had actually been AMLO’s daylight savings case.

In 2001, one year after the defeat of the PRI and the election of Vicente Fox of the conservative Partido de Acción Nacional (PAN), previous governor of Baja California where the Paulina scandal took place, Andres Manuel Lopez Obrador (AMLO) of the leftist Partido de la Revolución Democrática (Democratic Revolution Party, PRD) and mayor of Mexico City at the time, staged a political challenge against Fox and the federal government by refusing to adopt daylight savings time. In an interview with La Jornada, AMLO associated daylight savings time with United States imperialism,²⁷ asserting “they cannot, from abroad, impose on us what time we must wake up, what time we must go to work, what time we must go to sleep” (March 3 2001, LA Times). President Fox responded that all of the federal offices in the city, since it is the seat of the federal government, as well as all of the institutions under federal rule, such as schools, would indeed adopt the daylight savings clock whether the Federal District government agreed or not. Commentators relished the thought of Mexico City divided internally by National and Federal District “jurisdictions” in such a way that time itself would be illegible.

As Arturo explained, AMLO’s argument was that “*Fox was invading congress’s power and thus had made an illegal decision that affected the citizens of Mexico City. So the fundamental right to legality— basically that authorities act according to law- of the people he represented as mayor of Mexico City- was being violated because the wrong institution had made the decision.*” For the constitutional controversies on the right to life reforms, Arturo and his team followed AMLO’s example, arguing both that states could not redefine the status of personhood, a category that could only be altered in the Federal Constitution and that the state reforms invaded the competencies of the municipalities to

²⁷ The CNTE in Oaxaca called it “la hora neoliberal” (neoliberal time) or “la hora del tirano” (tyrannical time) (Debbie Poole).

provide adequate healthcare to women. But the Supreme Court upheld the “right to life at the moment of conception” reforms, countering that they in no way contradicted the Federal Constitution or inhibited the powers of the municipalities. Where the court had invoked Mexico City’s jurisdiction as ground for the constitutionality of the decriminalization of abortion, they also upheld each state’s capacity to define the limits of legal personhood within their local constitutions—and hence criminalize abortion with even more severity.

AMLO’s daylight savings case might seem like one of Arturo’s long winded side stories that I should have interrupted, but it actually raises some of the fundamental points about the shift in abortion regulation that I set out to highlight in this chapter. First, questions of jurisdiction within Mexican law are not solely spatial or technical, they are also particular enunciations of juridical power. Mariana Valverde suggests we understand jurisdiction less as the foundation of spatial sovereignty and more as an interpretative standpoint with concrete political effects. In this sense, problems of jurisdiction lead us to ask questions not only about “*who* governs where,” but about “*how* we might govern and be governed” (2009: 145). In this sense AMLO took the politics of jurisdiction to its literal conclusion, in which the question of *who* manages our time was an emphatic question about *how* to govern and be governed. Mexico City, in its unique position of rivaling authority to the federal government, was divided between two modes of government that explicitly entailed different orientations to time.

Alongside the juridical power exercised through the exception, jurisdictional politics concern the separation and interpenetration, not only of territories, but of alternate *competencies* and rationalities of government, each with their own temporal

imaginaries. In the Action of Unconstitutionality brought against the Mexico City reforms, we see that the “principle of legality,” a technical argument invoked by the CNDH, has as its object the temporal dimensions of life as defined by law. In the debates about competencies we see how questions about whether abortion is an object of health to be regulated as a preventative measure in the management of the population, or as crime to be punished persist. The shift from regulating abortion through exception to jurisdiction has thus not merely avoided an interpretation of abortion as a constitutional right, as some critics have pointed out, but also positively re-constructed it as a legal object hinged between rationalities of criminal punishment and clinical intervention.²⁸ In the next chapter, I examine how the convergence of healthcare with criminal law shape the provision of abortion inside Mexico City clinics, and more specifically how conflicting legal and clinical temporalities are managed, inscribed, and to some extent, refused in a collective patient body.

²⁸ For Mariana Valverde (2003 and 2014), “criminal law and other instruments for punishing wrongs try to ascertain past events and provide a symbolic return to the time before the injury was committed through punishment (‘justice has been done’) ... risk management, by contrast... is oriented to the future, to prevention.”

Chapter 2:

Clinical Intervention and Collective Expressions of Pain

Rosa, a literary scholar, feminist philosopher, and *orientadora* (counselor) in a private abortion clinic in Mexico City, consistently took the questions I posed to her and made them into something else. She was often frustrated by my fascination with the 2007 Mexico City law, and the legal language with which I approached reproductive politics more generally. It took me awhile to begin to grasp what she was saying, that my approach was symptomatic of a broader problem in transnational feminism, which since the 1990s has fetishized the “legal” at the expense of other starting points and frameworks. In the middle of a two and half hour recorded conversation, Rosa was frustrated again by my return to the question of legality. “*Now look, one has to understand*, she said, *that abortion has been reduced to its legal concept as if there has been a decantation of the term and they have forgotten... I mean so many things that they are forgetting because of encapsulating everything in one concept- and the concept always refers back to the law of 2007. So it seems to me, that in this sense, well it’s a law that has encouraged the access, search for and visibility of abortion, but that it has also*

avored other ghosts...”²⁹ Rosa’s comment not only suggests that feminist concepts of reproductive health have been narrowed by a discourse of legal rights, but that the legalization of abortion in Mexico City, while progressive in certain terms, has also brought to the fore old problems that we tend to forget.

A self-proclaimed radical feminist, Rosa has worked as a counselor in a private abortion clinic in a middle-class residential neighborhood in Mexico City for ten years. Opened in 1999 by an association of private doctors who trained themselves in the provision of abortion procedures long before the 2007 reforms, the clinic has an uneasy position vis-a-vis public models of care. For Rosa, the provision of free abortion procedures under the state’s rubric of the “Legal Interruption of Pregnancy” might have unintended consequences. In one of our many conversations about the shortcomings of the government-funded ILE clinics, she made this point in so many words, saying to me: “*as an anthropologist you must understand that the gift can be poisonous.*”³⁰ Her remark about “the gift” has pushed me to think about the kinds of relations that are established through public clinic care. What is given in the public abortion clinic, and how is it received? What is expected in return and what would constitute a failure to comply with, or fulfill this exchange?

²⁹ Ahora mira, hay que entender que el aborto se ha reducido a su concepto legal como si se haya hecho una decantación del termino y han olvidando o sea muchas cosas que se están olvidando por el virtud de encajonar todo en un solo concepto- y el concepto es a partir de la ley del 2007 entonces me parece que en ese sentido, pues es una ley que ha favorecido el acceso, la búsqueda y la visibilidad del aborto, pero que también ha favorecido otros fantasmas y en esos otros fantasmas esta el hecho de olvidarnos de la parte de salud que incluye el proceso del aborto

³⁰ Rosa was probably citing Marcel Mauss’ well-known essay in which he explores the etymology of the word gift- meaning both present and poison in Germanic languages. “The drink-present can be a poison; with the exception of a dark drama, it isn’t; but it can always become one. It is always a charm anyway (the word “*gift*” has kept this meaning in English) which permanently links those who partake and is always liable to turn against one of them if he would fail to honor the law” (reprinted in *The Logic of the Gift*, 1997: 30).

In this chapter, I situate the provision of free abortion procedures in Mexico City within a broader political economy of healthcare in Mexico. In the first two sections, I examine how neoliberal market reforms and histories of poverty relief programs aimed at poor mothers frame Mexico City's ILE policy. I then consider how the *exceptional legality* of abortion, as discussed in the first chapter, lends the routine procedures and pedagogies of the public clinic a peculiar moral force. Drawing on ethnographic research in public clinics as both a patient-advocate and "shadowing" providers, I explore how the clinical intervention is shaped by competing temporalities of punishment and prevention. In the final sections of the chapter, I explore how expressions of pain counter the moral narratives of the clinic. I describe a scene in the public clinic in which women's pain emerges as a collective affective intensity and then is left behind when they exit the clinic and return to their families. In conclusion, I suggest that such collective expressions of pain emerge as an ephemeral form of relationality, at once shaped by, and flowing against the logics of clinical intervention.

The Political Economy of Care

While the Mexico City ILE policy, based on a broader social policy of the right to health, was designed to even out the distribution of risk to poor women, I saw in my ethnographic research how the political economy of public and private continues to unevenly distribute, if not mortality, than different affective and bodily registers of pain and moral stigma. As an advocate for women travelling to Mexico City from other states, I attended public, private, and transnational 'NGO' clinics (such as MexFam and Marie Stopes), with women from a range of socioeconomic backgrounds and domestic

situations. Moving between multiple institutional spaces, I was struck by the different practices of care in public versus private clinics. Such differences were not only manifest in the way providers and patients spoke about rights and obligations, but also in the material and affective architectures of the clinics (Street 2012). Women with scarce resources from other states usually attend public clinics. Below are some points of reference from Red Paulina's database that show how resources are assessed by feminist advocates. The data is based on information collected from women either over the phone, or from the solicitudes for support that they fill out themselves online.

In 2011, Red Paulina accompanied 466 women from other states to clinics in Mexico City. Women came from every state in Mexico, with a majority coming from the neighboring states of Mexico, Puebla, and Morelos. The next largest group comes from states with higher levels of abortion criminalization: Jalisco, Guanajuato, Guerrero, and Veracruz. There were also a small number of cases in which women contacted the Red from other countries in Latin America: Puerto Rico, Brazil, Colombia, and Chile. The solicitudes for support that women fill out online, and the paper forms filled out by advocates over the phone in the office, ask if the woman belongs (*pertenezca*) to a particular ethnicity. An overwhelming majority of women respond no to this question. In 2011, 13 women identified with the following ethnicities: Otomi, Mixe, Tseltal, Nahuatl, Amuzga, and Tzotzil. Material-economic precarity is measured by questions like the following: *Is there running water in your household? What kind of floors do you have? (earth, tile) Do you have a phone? Do you have internet?* But these questions are usually left blank.³¹ If they are filled out it is in the instance that the advocate hopes to be

³¹ See Appendix F for Red Paulina registration form filled out by advocate speaking to a woman on the telephone.

able to mobilize an agreement with one of the NGO clinics, like Marie Stopes, for a discounted abortion procedure. The large majority of women also select Catholic under the religion heading, followed by none, and then Christian. Over half of the women (259), accessed one of the public ILE clinics administered by the Mexico City government, 22 went to a private clinic, 18 went to Marie Stopes, 21 attended a MexFam clinic, and 146 self-administered misoprostol. Among all of the women who travelled to Mexico City, two reported that the pregnancy was a result of rape, but that they did not seek legal services in their home states.³²

Generally, unless a *convenio*, or agreement is in place (which in the case of NGO-funded clinics come up for certain amounts of time according to shifting funding sources and motivations), women without financial resources are directed to public clinics for free-of-cost care. In particularly sensitive cases, such as situations of domestic violence, sexual assault, and lack of parental consent for women who are under 18, Red Paulina will arrange appointments at private clinics and cover part or all of the costs with varying reimbursement plans with the women who receive the care. Most of the women who attend public clinics, with few exceptions, do so because they do not have the resources to attend a private clinic. As Dra A., the coordinator of one of the ILE clinics put it nonchalantly, “*no one with money would come here, they’ll go to a private hospital, because it’s more comfortable to have your own little bed and all that, no?*”

Mexico has a nationwide social healthcare policy called *Seguro Popular*, which since 2011 has been celebrated by the World Bank global health experts as an exemplary achievement of universal health coverage (Klingen 2013). Developed in the era of

³² I compiled this data from the NGO database, which is not in the public domain. The NGO publishes tri-monthly bulletins with similar kinds of information about the women they support and how they mobilize the network’s resources (donations) to increase abortion access.

privatization and structural-adjustment, the policy is based on two central tenets: 1) the “reinvestment” of public funding from the social security employment-based public health institutions (IMSS and ISSTEE) to *Seguro Popular*, and 2) the administrative decentralization of public healthcare funds. On a national scale, Seguro Popular provides health services to people living in conditions of poverty and those who are not employed in the formal sector (Agudo 2015). Funding is allocated to each state towards an “essential package” of services that state governments then design and implement according to their local budgets and Health Laws (Frenk, Gomes-Dantes, Knaul 2009). In terms of reproductive healthcare, the essential package has varied tremendously from state to state (Mills 2015).

The World Bank, which has supported the growth of Seguro Popular over the past two decades, reports that 55.6 million people were enrolled in the program in 2013, accounting for almost half of the national population (2015). One of the strongest critics of the program has been Asa Cristina Laurell, who served as Mexico City’s Secretary of Health between 2000 and 2006. She argued that the global health discourse promoting *Seguro Popular* as a universal health success story is a ruse for a dual policy of market commodities and poor relief (Laurell 2001: 299). At the same time as the program expands coverage, it draws boundaries within the population between those in need and those with capital, encouraging the growth of private medical institutions for those who can afford it while stripping down the basic services that are accessible to the poor.

In spite of initial resistance, the Mexico City government implemented *Seguro Popular* in 2003 and has since attempted to fold the program into its discourse of

inclusive liberal citizenship and public responsibility (Laurell 2008: 152).³³ The decriminalization of abortion within this framework has thus involved the progressive development of special clinics that are strategically placed in different areas across the city. The first ILE clinic opened in 2008 after the Supreme Court upheld the decriminalization of early abortion in 2007. Other specialized clinics opened in 2011, 2012, and 2014. The first, which I will call the Victoria Abasolo clinic, is located on the edge of a residential neighborhood near a chaotic transportation hub in the northern most part of the city. It's a neighborhood where taxi drivers refuse to idle for fear of *rateros* (thieves) and where streets are lined with fast food restaurants and generic pharmacies advertising the sale of viagra and cytotec (misoprostol). Exiting the metro on the side of the neighborhood (on the other side the metro connects to a major bus station through an underground tunnel), one encounters groups of men sitting listlessly on the ground with hand-drawn signs offering manual labors, such as car mechanics and plumbing. To arrive at the Victoria Abasolo clinic, you take a *pesero* (a small bus with rides that cost four pesos) whose destination is marked *Puente Negro* (Black Bridge). You have to tell the driver that you want to get off at *El Pollo Rico*, a fast food chain that is visible from the highway. Waiting in a line of people for the bus, your back is to a makeshift market of the kind that surround all metros in the city, although a bit on the grittier side, with gorditas, pambazos, and cocteles de camarón, socks, aprons, posters of Jesus and the human body, and pornographic magazine stands.

All of the ILE clinics were installed in existing Community Health Centers (Centros de Salud) that operate with *Seguro Popular*, re-inhabiting spaces that were

³³ See the Mexico City Secretary of Health website description of the principles of free healthcare (*gratuidad*) <http://www.salud.df.gob.mx/portal/index.php/programas-y-acciones/grat>

originally designed for something else. One of spaces now used for an ILE clinic previously specialized in services for mothers and infants (Materno-Infantil), as one of the clinic coordinators lamented to me, as though the community had taken a dark turn when the space was re-utilized for ILE. The Victoria Abasolo clinic, has, since opening, attended between 35 and 50 patients per day, the largest number of all the clinics, in part due to its convenient location and that it is well-known. It also receives the greatest amount of resources, (staff and supplies) from the Mexico City Ministry of Health. The first clinic to implement the ILE program, it is where all of the ILE doctors, nurses, and social workers receive their training. The Mexico City government also measures the successes and shortcomings of the policy based on yearly observations of the Victoria Abasolo clinical reports on daily operations. While I accompanied women to all of the different kinds of legal abortion clinics in the city, I conducted extensive fieldwork inside the Victoria Abasolo clinic, shadowing the clinical staff on a daily basis over a period of six months.

Gendered discourses of poverty relief

The efficacy of the free abortion procedures provided by the state is intensely contested among feminist activists, scholars, and policy makers. While some feminists have demanded that the state guarantee safe abortion as a matter of governmental responsibility for women's health and wellbeing, others, Rosa for instance, are concerned about the kind of subjectivity produced when women, especially poor women, are recipients of state benefits. In their investigation of whether the Mexico City decriminalization of early abortion has effects on women's subjective understandings of

citizenship rights, sociologists, Ana Amuchástegui and Edith Flores outline three prevalent discursive positions among patients in public ILE clinics: the grateful subject, the irresponsible subject, and finally the “proper subject of rights” (2013: 915). They suggest that the former two positions are obstacles to the realization of “rights consciousness,” reflecting histories of stratified reproduction and clientalist governmental relations. Within this history, they argue, social services have generally been understood as “a decision of, and gift from, the state rather than as a citizenship claim” (Amuchástegui and Flores 2013). They further suggest that the limitation of state-regulated ILE services to specialized clinics funded by *Seguro Popular* “transfers the underprivileged status of the poorest women without social security to all women seeking abortion” (2013: 916).

Their concerns resonate with critiques of the gendered implications of social development projects in Mexico. Maxine Molyneaux traces the links between current neoliberal policies aimed at “empowering the poor,” and the normative prescriptions of “good motherhood” that sustain Mexican paternalism (2006). To illustrate her point, she focuses on the nationwide conditional cash transfer program, *Oportunidades*, which targets women, as poor mothers, as recipients of monthly installments of cash that must be invested in their children’s health and education. Social workers monitor women’s compliance with certain conditions set by the state, using a set of criteria such as school enrollments and the maintenance of regular healthcare appointments. Molyneaux argues that it is primarily through the construction of *children’s needs*, and in a parallel fashion, the heteronormative family, that women are able to access benefits from the state (See Reyes-Kipp 2016).

Drawing on ethnographic research as a consultant for *Oportunidades*, Alejandro Agudo Sanchiz tracks the distinct models and historical moments of social development that undergird contemporary policies of poverty relief in Mexico (2015). During the presidency of Carlos Salinas (1988-1994) structural adjustment required the reduction of public spending as a condition of Mexico's negotiation of debt. Within the rhetoric of cost-effective public spending, the federal government transferred the control of resources to municipalities and reoriented social welfare programs from national citizenry to specific target groups within the population. These neoliberal reforms reignited strong critiques of clientalism and the corrupt spending of public funds (Agudo 2015). In concert with increasing public pressure, governmental languages of transparency and "co-responsibility" and the allocation of funds directly to *madres de familia* (mothers of the family/household) aim to prove that resource distribution empowers marginalized individuals (rather than arbitrarily shifting the organization of patron-client relations) (Agudo 2015: 76). The new contractual language of "coresponsibility" positions poor mothers- as (vulnerable) actors in the household- "as citizen-benefactors who are capable of making decisions in their own interest." Importantly, poor mothers' entitlements to state resources are envisioned as *temporary*- aimed at "making the citizen active in their own fate" rather than dependent over a long period of time (See Greenhouse 2014).

Building on 19th century theories of the "intergenerational transmission of poverty," such government programs targeting poor women claim to interrupt the "cycle of poverty" by "facilitating access to the goods and services that allow [families] to grow the necessary habits and aptitudes so that, with their personal force, [they can] reach a full, self- sufficient life" (SEDESOL, cited in Sanchiz 2014; See Stepan 1991). Within

this rationale, poverty relief policies are designed to get women “to invest in their own human capital” by having less children and providing more health, educational, and nutritional resources for “smaller families.” Indeed a campaign urging the moral value of smaller families is painted all over the cement walls that line highways and urban and rural streets of Mexico: *La familia pequeña vive mejor/ The small family lives better*. Furthermore, according to Agudo, much of what occurs under the rubric of “active citizenship” and “personal force,” in practice, seems to obey “a logic of donation and indebtedness” (2015: 97). In her study of the mistreatment of poor women in public hospitals in Morelos, a state that borders Mexico City to the south, Joaquina Erviti echoes Agudo’s observations about the entanglement of discourses of citizenship rights with policies aimed at the management of population. She argues that Article No. 4 of the Mexican Constitution, which recognizes the “right to decide, in a voluntary manner, the number and spacing of one’s children,” is conjoined with objectives of population government. In a context in which family planning policy is based on an ideology of modernization in which women “are converted into objects of intervention instead of subjects,” hospital physicians and nurses deploy discourses of “reproductive rights” unevenly depending on racial and class-based assessments (Erviti 2005: 96). The result of this selective deployment of “rights” is that women who are deemed morally suspicious or inadequate mothers do not receive good care (See Reyes-Kipp 2014). Erviti documents, for instance, how hospital staff members accuse poor women going through miscarriages of having provoked abortions, punishing them through the denial of pain medication (Erviti 2005).

In spite of the fact that state services are known to be coercive, and unpredictably punishing of poor women, many feminist activists are committed to the public provision of abortion care. After decades of the NGOization of feminist movements in Latin America, they are wary of the conditionality and insecurity of relying on international funding and private donors (Alvarez 2009). For women in situations of untenable pregnancy, government ILE clinics might still be more legible than private clinics- which given the general criminalization of abortion are thought to be either totally unregulated or completely driven by the market. In a similar way, Red Paulina advocacy is often met with suspicion by women receiving their support. Numerous women said jokingly, only after meeting advocates in person, that they had worried about their organs being stolen, or more generally, what could be asked of them in return for the accompaniment and financial support. We might therefore shift the question from how to enter fully into the domain of rights, as most feminist critics ask (Amuchástegui and Flores 2013), to how to harness and control the potentialities, as well as unintended consequences of the gift.

Along these lines some public health officials argue that the integration of ILE services into more comprehensive reproductive health clinics that offer HIV and cervical cancer screening in addition to pregnancy termination, would both expand the scope of the intervention on women's health and buffer the stigma attached to the specialized ILE clinics, currently seen as "places of death," as one of the clinic coordinators told me in an interview. On the other hand, Graciela, one of the founders of Red Paulina, worries that expanding ILE care to include obligatory STD screenings might also entail women's further subjection to "punishment" from healthcare providers. Her fear is that given the transgressive character of abortion, women's bodies in the public clinic are made

available to unpredictable forms of moral inscription. Graciela's concern reminds me of Veena Das's reading of Nietzsche's legal subject who loses the rights over his body "because of an injury he has caused the creditor" (1995: 185). Asking how women's bodies become the sites where the violence of the nation-state can be inscribed and then justified, Das writes: "woman falls into the position of becoming a debtor whenever the normal order of society and family is disrupted" (1995: 185).

The clinical intervention

Working with Red Paulina, which holds good favor with the Mexico City Ministry of Health by providing basic resources such as toilet paper, juice boxes, and needles that are required for drawing blood when clinic stocks run low, I built a rapport with public clinic guards and staff over time. With the permission of the director of the Mexico City ILE program, I was eventually allowed to rotate among staff, doing small tasks alongside receptionists, social workers, nurses, and physicians, and observing daily routines beyond the waiting room.³⁴ Every day I attempted to arrive to the clinic before 6:45 am, travelling an hour and a half on metro and bus from the southern-most borough of the city to the far north, and I frequently failed. Often arriving just past 7am, I would find the mauve iron gate closed with a huge chain lock, the women who had been lined up outside since the early morning would already be in the clinic presenting their documents. Outside the gate a small group recited Rosarios Santos on behalf of the

³⁴ While observing clinic routines, I sometimes slipped into an unofficial role as "patient-advocate." The clinic originally knew me in this capacity through the NGO, and it was sometimes ethically impossible to adopt the distance that clinic providers did with patients. The slippage between ethnographic observation through "shadowing" and advocacy in the clinical setting was extremely problematic and uncomfortable. After particular events, such as the one described at the end of this chapter, I stopped attending the clinic in this way.

women inside, pleading for forgiveness and praying that not a single other abortion take place. They solemnly held a framed image of the Virgen of Guadalupe in her appearance to Juan Diego on the Cerro de Tepeyac, lighting two altar candles in front of her portrait. Family members and friends of the women inside huddled together outside the gate with sleeping children in their arms.

The ILE clinic is located around the side of the Centro de Salud, and can only be accessed through the separate gated entrance. In front there is an “ILE information” stand where prolife groups pretend to be part of the Health Center. They often coax women into entering a long bus with official lettering on the side that advertises “Women’s Health Services.” Upon entering the bus they are promised a free ultrasound, but only if they first watch the US made anti-abortion film, *The Silent Scream*. They are then given an “ultrasound” that always produces an image of a fetus of an advanced pregnancy and then made to listen to its heartbeat (Joyce 2013). On the wire fence that separates the street sidewalk from the busy road are posters titled in official lettering “ILE in DF.” The posters display graphic images in the style of a medical textbook, purportedly showing how an abortion is done, but using pictures of a Dilation and Cutterage procedure. Dilation and Cutterage, referred to in Spanish as *legrado*, is an older, more invasive procedure that is no longer used for early abortion. It is still the most common word used to refer to a clinical abortion procedure and the risks it entails continue to haunt the collective imagination. Inside the gate to the ILE clinic, two posters announce that the information about the Legal Interruption of Pregnancy is only given *inside* the Clinic. These competing signs, all appearing in nearly exactly the same

format, are a disorienting, as well as completely mundane instance of the illegibility of the state (Poole 2004).

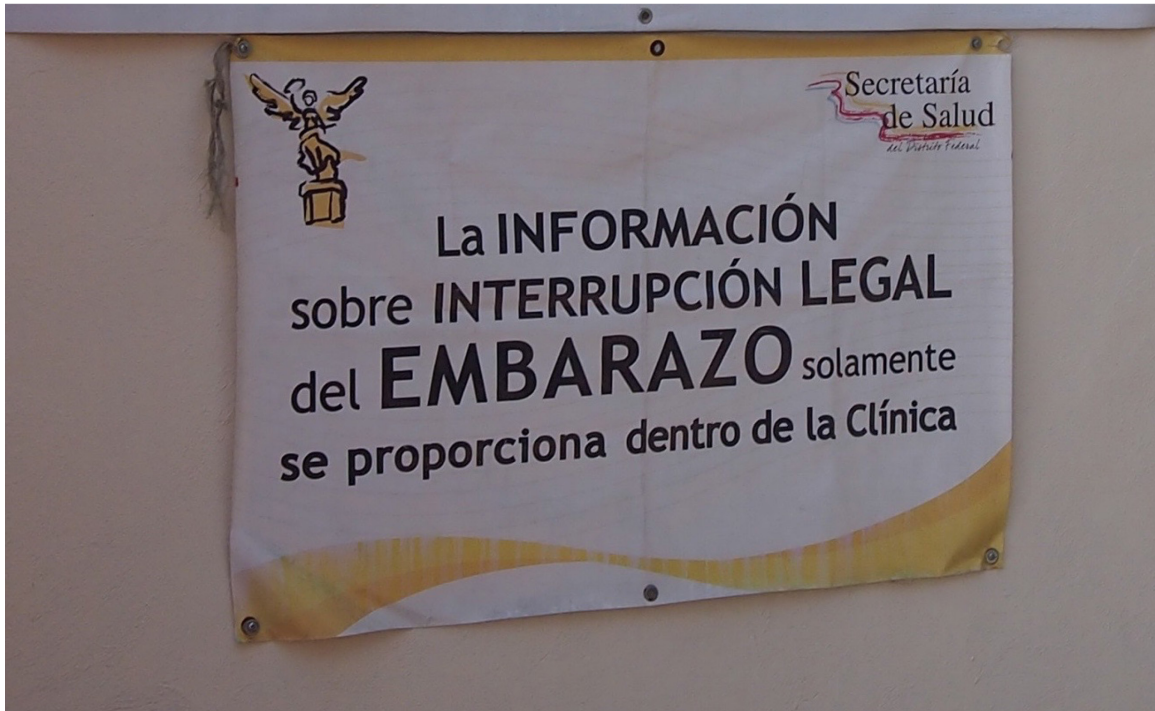


Fig. 3. The sign inside the gate reads: INFORMATION about the LEGAL INTERRUPTION OF PREGNANCY is only given inside the Clinic. Outside signs give contradictory information with graphic images of fetal bodies and inaccurate depictions of ILE procedures.

The gate was locked at 7am sharp in order to limit the number of women who entered to request services. The guard would return at 10am to open it again, allowing those to enter who were returning for their obligatory ultrasound, scheduled for one week after the procedure. At that point family members and companions were allowed to enter the small courtyard outside the clinic doors. They were asked to sit inside a small tent and if they roamed around or approached the glass doors they would be sternly directed to return to the tent or leave the area. Throughout the morning the women inside would

come to the doors and gesture to their waiting companions who would run up and quickly exchange a few words through a crack in the door before being scolded by the guard. The mangy and affectionate little street cat would often appear at these opportune moments, run in, and usually find a place to curl up among the bustle in the waiting room, for a moment at least, before being scurried out.

Even if I arrived a bit late, they'd open the gate and let me squeeze into the clinic waiting room full of women, who strangers to one another, shared seats, whispered fragments of their situation, and filled out forms using each other's backs as surfaces. While the majority of women with pregnancies of less than 10 weeks receive a dose of mifepristone in the clinic and take home a dose of misoprostol to effect a "pharmaceutical abortion," women from other states, and anyone with pregnancies between 10 and 12 weeks, are required to undergo an electrical aspiration procedure (AMEU). Because the voluntary termination of pregnancy is criminalized outside the jurisdiction of Mexico City, the procedure must be completed in the clinic to ensure its legality. Patients first go through a quick ultrasound and consultation with the coordinator of the clinic, Dra. A. Based on the number of weeks, they are split into two groups, of those who will have an AMEU and those who will take home the pills.

Inevitably some women would be determined "fuera del programa" or "outside the program." This status was announced and written across their thin clinical files, when their pregnancy exceeded 12 weeks, or if they were under the age of 18 and could not present a photocopy of one of their parent's IDs- which served as proof of parental consent. As I described in the introduction, young women searched for ways around the requirement of parental consent. Alondra and her boyfriend looked for someone with the

same last name around the clinic to provide a copy of their identification to present to the clinic secretary who, presumably, would never check to see if parents were actually waiting for the young woman outside. Encompassing both limitations is a margin of acceptability, whereby one may or may not just be “passed through.” Once designated “outside the program” it was not unusual for the doctors to offer hushed alternatives that would take place outside the legal sphere, for a cost. It was also not unusual that women under the age of 18 would invent alternative ways of documenting their parents’ consent. Secretaries sometimes even accepted handwritten letters to be placed in patient files in lieu of the photocopied ID. Though flexible, the collection of required documents demands an unpredictable amount of time, which when compounded with other exigencies, such as the time it takes to travel to and across the city, time taken off from work, and the pressure to maintain domestic rhythms in order to keep the abortion a secret, can create both a sense of implacable urgency and resignation.

Many women who attended public clinics had already attempted to terminate their pregnancies through other methods.³⁵ According to the clinic physicians, the widespread use of misoprostol, which can be bought in almost any pharmacy, seriously threatened the integrity of the clinical intervention. Dra. A would often chastise patients for “automedicating,” her accusatory phrases punctuated by the steps of conducting the ultrasound. In these dialogues with patients Dra A. constructed the proper time-line of clinical intervention in which the action of taking the pills in the recent past was projected onto a hypothetical, but almost certain future “disaster.” Here I recount one

³⁵ In the 120 surveys with patients who were going to use miso in the waiting room, 40 of whom said they tried other methods before going to the clinic

such dialogue that I recorded in my fieldnotes as I helped Dra. A fill out the forms that documented the ultrasound results for the patients' files.

Dra. A: *Don't do stupid things, eh? It's your life, not mine.*³⁶

The young woman was lying on the gurney, her pants already unzipped, Dra. A pulls them aside and squirts cold blue gel on her belly.

Dra. A.: *Why did you self-medicate? What did you take?*³⁷

Patient: *I don't know*

Dra. A: *What do you mean you don't know? What did you do?*

Patient: *I put two under my tongue and one in my vagina.*

Dra. A already knew the story through the social worker, but was trying to get the woman to confess it to her directly. A friend had apparently given her misoprostol, the same pills that the clinic administers legally.

Dra. A: *That friend doesn't care about you much if she pretends she's a doctor.*³⁸ She turns to make eye contact with me and rolls her eyes, turns back to the patient and spreads the gel with the end of the ultrasound wand.

Dra. A: *This is our work*

Patient: *I didn't know... my friend told me,* the patient responded quietly

Dra. A: *Well then stick with her because the other one isn't your real friend, she put you in risk.* Dra. A looks at the ultrasound image on the screen and announces: *You have 7 weeks, and what would have happened if you had fallen outside the program? And we would of had to respond to the disaster?*

³⁶ *No hagas tonterías, eh? Es tu vida, no es mía*

³⁷ *¿Por qué automedicaste? ¿Que tomaste? No sé. ¿Como no sabes? Que hiciste? Puse 2 bajo de la lengua y 1 en la vagina. No te quiere mucho si se siente médico. Nosotros trabajamos en este. No sabía, me dijo una amiga... pues júntate con ella porque la otra no es tu amiga, te puso en riesgo. Tienes 7 semanas, y que pasa si saliera del programa? Y nosotros tendremos que atender el desastre?*

The doctor announces the number of weeks the woman is pregnant while at the same time implying that she could have just as easily been pregnant longer. If that had been the case she would not have been able to access the legal procedure as she would have “fallen outside the program.” Importantly though, even if she had to be excluded from the program, the doctors would still *potentially* be in a position to respond to her situation, only in this case it would require an ambiguous act of generosity that would exceed what they are legally obligated to do. The conjuring of a scenario in which the woman might not have been able to access legal care is central to Dra. A’s moral narrative (See Mattingly 1998). Through this conjuring, it is as if the woman will receive the abortion procedure against all odds and just in the nick of time. The reiteration and assumption of control over the boundaries between legality and illegality funnel a strange power into Dra. A’s hands. Her authority is both dependent on, and made insecure by, the exceptional legality of the clinic. It is precisely because Dra. A acts as a “representative of the state that she is able to move across—and thus muddy—the seemingly clear divide separating legal and extralegal forms of punishment and enforcement” (Das and Poole 2004: 14). Yet Dra. A is not only exacting punishment; she also provides sought after care. In a sense, her relationship to the patient becomes a modality of police power that straddles domains of law enforcement and future prevention—treating the woman’s abortion simultaneously as a crime and health objective of the state. The moral narrative thus hinges competing temporalities, “allowing the governance of the past to be articulated with the governance of the future” (Valverde

and Dubber 2006: 4).³⁹

While Dra. A. spoke within both temporal frames, social workers strove to consolidate the situation of unplanned pregnancy as a past error and to bring patients fully into a future orientation of improved self-care. On the occasions that I was allowed to observe clinical operations beyond the waiting and ultrasound room, I was never alone with an individual patient, but rather immersed in a group of 12-20 women as they moved through the clinic together. In preparation for the AMEU procedure, a group of women would begin receiving intravenous fluids together at 10am in a small area just outside the operating room. There is a plaque on the wall dedicated to a woman, Charlotte Ellerson, a “feminist entrepreneur and advocate.” Inscribed there, uncannily, is the Emily Dickenson poem, in its original english, *The heart asks pleasure first*. It reads:

The heart asks pleasure first
And then, excuse from pain-
And then, those little anodynes
That deaden suffering;

And then, to go to sleep;
And then, if it should be
The will of its Inquisitor,
The liberty to die.

On the other walls are posters urging the use of condoms. Adjacent to the poem, there is a handmade drawing of a penis with a condom on it and the words *Metodos Anticonceptivos* spelled with letters made from differently colored pieces of construction paper. Another poster, perhaps the most memorable, shows a lively cartoon penis exclaiming, *Sin gorrito no hay fiesta! (Without a hat there's no party!)*. Another one

³⁹ In interviews clinic doctors spoke of themselves as “technicians of law”- legality was referenced whenever uncomfortable questions of personal morality came up. Working in way similar to Sameena Mulla’s analysis of criterial thinking as a technique for managing moral disgust (2014).

reads: *Usa condón, no seas egoísta, no solo eres tú* (Use a condom, don't be egotistical, it's not just about you).

While the patients began receiving fluids, a social worker wearing the navy blue uniform of SSA-DF would draw up a chair to sit among them. One day I timidly took notes as the social worker *dio su plática* (gave her speech) about the finality of the decision to terminate pregnancy and justification of the Legal Interruption of Pregnancy as a last resort family planning intervention. The grammar of her speech was quite instructive, “*We often think in the form of ‘if only I had’... well now we can’t think ‘if I had,’ now it must be left behind us.*”⁴⁰ Moving from a subjunctive past tense that is used to describe an action that happened in the past but that continues or repeats into the present, to the past preterite that describes an action absolutely completed, the social worker builds a temporal orientation in which the abortion is both the logical resolution of an error, and a new beginning for a reproductive future in which it should not occur again. Shifting tenses in this way had moral force, resonating oddly as the IVs dripped, which treated everyone for potential malnutrition, but were often interpreted by women as a medication that started the abortion. For instance, after the social worker concluded her remarks, one of the women told the group about another woman she had been talking to outside the clinic in the early morning hours. The Provida people who set up the “information booth” outside the Centro de Salud had grabbed her arm and she had been dissuaded and left. *It really scared me (me dio mucho miedo)*, she paused and continued, *it makes me feel ashamed/it pains me (me da pena)... But now that I’m already here*, she lifted her arm with the IV, *what can I do?*

⁴⁰ *Muchas veces pensamos en si hubiera tenido...ya no podemos pensar en si lo tuviera..., se quedó por atrás*

The social worker rips out a piece of paper from her notebook and begins asking the women a set of questions, jotting down their answers somewhat haphazardly. She asks their names, how old they are and why they decided to interrupt their pregnancy, every now and then intercepting with pedagogical remarks that address the women as a collective, reformulating each *I* and *you* into *We* and shifting the weight of responsibility and the locus of agency from external events to the actions of the women.⁴¹ For instance, a 22 year-old woman admitted that she had an ILE last year, after which the physician inserted an intrauterine contraceptive device (IUD). “*Me falló*” (*it failed me*), she said and the social worker corrects her, “*The IUD doesn’t fail, no, an infection that we have causes the cervix to open and the device moves, that’s why we need to have it checked every 6 months.*” She asks the women who accompanied them that day, *my sister, my partner, my boyfriend, my dad*, they respond in turns. *No one*, one of the women says. *And why didn’t you tell the father?* The social worker asks. *He’s married*, she replies. As the social worker establishes a linear timeline of error and resolution, she also communicates what is morally acceptable. By asserting linear time over other possible temporalities, the intervention is made to fit a narrative of redemption (Mulla 2014, Greenhouse 1989).

The two most potent threats to this narrative of redemption, and thus the integrity of clinical intervention, are the widespread use of “non-legal” modes of pregnancy termination, such as the self-administration of misoprostol mentioned in the ultrasound scene described above, and the possibility of repetition, or the slippage of ILE from last resort to routinized form of contraception. Doctors, nurses, and patients expressed horror

⁴¹ Speaking in the collective we is quite a common form of address in Mexico, especially in an institutional setting. It mediates between the personal form of address *tú*, and the deferential form *usted*. Everyday Dra. A greeted me by saying, *Como estamos?* How are we?

at the idea that abortion could become a contraceptive method. The specter of repetition also dovetails with the general feeling that the provision of legal abortion procedures could be taken away if used inappropriately. In Ana Amuchástegui and Edith Flores' interviews with women about their perception of ILE services, one woman is quoted saying:

“It is not a game. Women must avoid thinking: ‘so what? there’s always this solution’, because precisely by thinking that way they can take these things away from us, and then we won’t have them anymore because women abused the opportunity” (Amuchástegui and Flores 2013: 22)

Accompanying women through the feminist network I heard many women voice similar sentiments. Without any official stipulations against the number of times one may access an ILE procedure, secretaries and social workers have also begun to take it upon themselves to try to track women who return to the clinic for a second or third time. One day I sat with Guadalupe, the secretary at the Victoria Abasolo clinic, as she compiled patient files. In stiletto heeled boots and a long flowing shirt, she handed me a styrofoam cup of coffee. “*Es medio cabrón, yo así ando*” (*It’s pretty ass-kicking, this is how I roll*), she boasted. Beside the section heading “Motives for ILE” where women were supposed to write in the reason for the desire to terminate pregnancy, Guadalupe had written in a new section for “Delegación” or city borough, to track the women who came from the surrounding neighborhood. “*I handle this jurisdiction separately,*”⁴² she said. *There was someone who came in for the sixth time*, she said with utter disgust written across her face, and then paused to see if it also makes me appalled. “*Since we don’t work with*

⁴² Yo manejo esta jurisdicción a parte

*advanced technologies, there's no way to enter her name somewhere and know that she's already been here- we have to trust them,”*⁴³ she says incredulously.

At the time of my research, the ILE clinics did not operate with computers but with handwritten files and log books. The receptionists have thus developed an impromptu system to track repetitions. If they think they remember someone they look for her file and sometimes find it. Then they write in big permanent marker across the front of the file, *2do vez* (2nd time) and highlight it. They told me that this way they might catch women who try to pretend it's their first time.

Maribel, the head nurse at the clinic, with perhaps the kindest countenance of anyone there, explained why she pushes women to have the IUD inserted after the AMEU procedure. *“Son muy olvidezas y tienen miedo de las inyecciones/ They're very forgetful and they're afraid of injections,” so it's best they accept IUD, whenever we have it.* It's not a coincidence that the clinic generally runs out of all other contraceptive methods, such as hormonal contraceptive pills and patches, by March each year, after the initial distributions from the yearly health budget in January. Every morning while social workers “give the speech” to patients, Maribel goes outside to the tent to speak to the families and friends of the patients about contraception. An improvisation she has made because she thinks they should be involved. As she talks, kindly in her way, people in the tent interrupt her delivery with tidbits of their own experience. Most people have something to say about the iud, the most widely used contraceptive method in Mexico. *Mi sobrina used it, got pregnant and had a baby and wouldn't you know it was plastered to his arm! ...I used the IUD and my blood was more abundant and then I guess my*

⁴³ Como no manejamos tecnología avanzada, no hay manera de poner su nombre y saber que ya había estado aquí- tenemos que confiar en ellas

organism adapted to it- Yes, Maribel confirms, It is a foreign body and the organism has to respond how it will. But the patch is only for “a very careful woman,” insinuating how unlikely it is that anyone here would fit that description. ILE is not a method of contraception, she reiterates, We have women who come back three or four times. A woman in the tent shudders dramatically.

The anxiety about repetition is entangled with the slippery boundary between the legality and illegality of abortion. The right to ILE, legitimated as a public health objective, operates through a logic of intervention in which the interruption of pregnancy must produce health-maximizing outcomes that justify the moral transgression. Within this logic, repetition threatens to outweigh the tenuous balance between rationalities of prevention and punishment. Dra S., coordinator at one of the other ILE clinics, who was in certain moments blatantly cruel to patients, told me that some kind of fee should be imposed to discourage women from taking the procedure too lightly. The law “*is good, it’s excellent,*” she said, but “*there should have been a certain number at which point you say, okay, intervene one time, interrupt once, I mean, you have to think really hard because there’s not going to be a second, or a third, or a fourth, or a fifth, like the ones we’ve had here. That’s what I tell you, its the same thing, same ones. So they should... I think that they should apply a recovery fee. I think its one of the factors why the people (la gente) can be so repetitive, because it doesn’t cost anything, it costs them absolutely nothing.*”⁴⁴

⁴⁴ “Debería de haber un cierto número de decir bueno, intervienes una vez, interrumpes un vez, este, tienes que pensar muy bien porque no hay una segunda, no una tercera o una cuarta o una quinta, como las que hemos tenido aquí. Lo que te digo, son lo mismo y las mismas. Entonces deberían, yo creo que deberían tener una cuota de recuperación. Yo creo que uno de los factores porque la gente puede así tan repetitivas veces es que no cuesta nada, no les cuesta absolutamente nada.”

Collective excess

As I moved alongside women through different phases of the clinical procedure, I often heard the phrase, “*Tengo miedo*” (*I’m afraid*). “*De qué?*” (*of what*), I would sometimes ask, or someone else would ask. The response would most often be, “*Que me va a doler mucho*” (*that its going to hurt me a lot*). I once asked the coordinator of the Victoria Abasolo clinic if there was anything that could be done, aside from administering general anesthesia, which was not possible in this environment, to decrease a particular woman’s pain during the abortion procedure. She responded unequivocally, “*Pain, in general, is the same for all women, and the Mexican woman endures a lot, a lot, a lot.*”

While the public clinic coordinator envisioned pain as distributed equally in a collective body of “the Mexican woman,” Rosa, the private clinic abortion counselor with whose words I began this chapter, created an individualized diagnostic rubric for assessing and managing each woman’s experience. In contrast to liberal feminist languages of choice and control that tend to occlude the reality of pain that accompanies a surgical procedure, Rosa emphasized the transformative potential of the pain associated with abortion. Do you think the manual aspiration procedure is painful? I asked her in one of our conversations. “*Is it painful? Yes it’s painful,*” she answered adamantly. “*A woman who is in pain changes odor, her breathing is different, the tone of her skin is different, the gestures of her face are different, therefore, yes, there is pain.*”⁴⁵ In

⁴⁵ *una mujer que esta durante un procedimiento de aspiración manual endouterina y tiene dolor cambia de olor, su respiración es diferente, el tono de su piel es diferente, los gestos de su rostro son diferentes, entonces sí hay dolor.*

response, she created a diagnostic rubric for predicting the amount of bodily pain each woman was likely to experience based on her emotional and affective state in the counseling session before the procedure. She called this potential pain experience the “umbral.” From Latin umbra refers literally to shade or shadow, and in clinical terms refers to “pain threshold.” She thus saw herself in a position to diminish women’s pain experience through providing the right kind of attention in her talk and bodily posture before and during the procedure.⁴⁶ Rosa aimed to respond not only to the woman’s reactions to the doctor’s actual touch, but by anticipating her “*imagination of touch*,” as she put it (See Cornell 1995). To her mind, pain was most likely amplified rather diminished in the public clinic. “*In the public clinic someone who has an umbral of six might experience the procedure at 10 or 15 because of the poor treatment*,” she said.

Whereas Rosa sought to address each woman individually, women in the public clinic setting were addressed as a collective body and shuttled through all phases of clinic procedures as a group. There was a day that stands out in my mind in which the pain of the group of women going through the aspiration procedure in the public clinic was particularly intense. The operating rooms are next door to one another and open to a small hallway that leads to the recovery room where the women spend most of the morning. At about 11:30am the two male gynecologists begin doing the aspiration procedures. Two female nurses line up the patients in twos outside the rooms, and a male nurse wheels a noisy electric aspirator back and forth between the rooms, as there is only one. Beneath the metal gynecological exam table with stirrups, is a bucket where the blood and other materials of the terminated pregnancies are allowed to fall together. As the first women enter the procedures, the affect noticeably changes among the waiting

⁴⁶ See Kleinman and Kleinman (1985) on damping vs. amplifying pain through therapeutic talk

women. Sounds of breath and voice expressing pain call out from the rooms and the women waiting express the sounds on their faces and in whispers to one another. The doctors, whose actions are by all accounts hurried and harsh, use familiar modes of address with the patients, such as *reinita* (little queen), *hija* (daughter), *mamacita* (little mama), telling them to relax, while asking them impertinent questions, such as, *How many children do you have? Did you birth your children from below? What method (of contraception) are you going to take home with you today?* The nurses, young women themselves, keep a consistent distance from the patients, avoiding their gaze and directing their attention to keeping pace with the speed of the doctors' actions.

Just before one of the women was summoned by a nurse to wait outside the operating room she grabbed my hand, all of a sudden frightened by the prospect of going in there alone. *Please hold my hand* she said, looking me fiercely in the eyes, *it helps to have someone hold your hand.* I stood by her as she moaned and her eyes rolled back in her head, she never looked me in the eye but grasped my hand with all her force for the five- minute duration of the procedure. When it was over she seemed shocked, the nurse and I helped her move around to the side of the table and walk back to the recovery room. She could barely walk and she softly sobbed as the nurse let go of her arm and let her drop down to the stretcher. She hunched over herself. The other women stared at her with surprise. I helped her lie down and found her jacket to cover her legs because she was shivering and covered in goose bumps. One of the women sitting beside her said, *"I felt exactly where he scraped me, I felt so much. Where you feel the physical pain inside, you realize what you're doing."*⁴⁷

⁴⁷ *Me sentí exactamente donde me raspaba... tuve muchos sentimientos
En donde te sientes el dolor físico a dentro te das cuenta de lo que estas haciendo*

After half an hour many of the women began eating sandwiches and drinking juice boxes, which they are told to do before leaving the clinic, and many are anxious to do so in order to rejoin their family and friends waiting outside. Just as half of them began to eat, another woman become enraged during the procedure, yelling at the doctor that he was hurting her. Afterwards she flew out of the operating room, tears streaming down her flushed face. Several women at that point became desperately nauseous and threw up several times in the recuperation area. They had perhaps eaten too quickly, but the vomiting seemed to give expression to something, though without a specific emotional referent. It was not *just* grief, shame, rage, fear, or relief, which were feelings many women had expressed at other points. It seemed as though their pain had built up a kind of momentum that circulated through sounds and materialities coursing through and between their bodies. I kept going for more and more wet paper towels to clean the floor and the nurses kept busy moving more women through the AMEU procedure. At a certain point, the rush of vomit stopped and each woman began gathering her things to leave undisturbed by messy clinic floor.

I stayed beside the woman who had grabbed my hand as she gathered her things. Her younger sister was waiting for her outside. She had not told her that she was having an abortion but that she was having uterine cysts removed. "*The knowledge would contaminate her,*" she had said. When we walked out of the clinic she walked quickly toward her sister and they hugged tightly. I stood to the side, struck by their intimacy and how distinct it was from the one she and I had briefly shared. She did not speak to me

again. The other women joined their families without maintaining any contact with one another; casually they streamed out of the clinic gate.

Bodily pain, and endurance

How do such articulations of pain bear the marks of a particular form of law and clinical intervention? ⁴⁸ The Legal Interruption of Pregnancy, as a set of legal and clinical discourses and practices, gains legibility, as well as ambivalent moral force, in relation to postcolonial histories of social development and family planning policies and logics. One might think the difference between ILE and programs like Oportunidades is obvious because policies that construct women's citizenship through maternal identity reinscribe ideals of the heteronormative family and gender, whereas the state provision of abortion liberates women from such constraints. But this is too facile a reading of how abortion is folded into broader state narratives of appropriate reproductive futures. As I described in the beginning of this chapter, public clinics construct the event of unplanned pregnancy as an error that can be resolved by the clinic (and only the clinic) on the condition that it never happens again. In this sense, the form of conditionality that operates in the exchange between poor women and the state makes ILE services contiguous with other social programs based on temporary, cost-effective interventions that aim to improve the reproductive subject. Yet, as I examined in the first the chapter, abortion is uniquely and awkwardly regulated across competing domains of government. In spite of global health

⁴⁸ I borrow this formulation from Sarah Pinto who takes up a parallel problem in her discussion of how poor rural women speak about infant death in North India (2008). Pinto asks how women's ways of accounting for and recounting infant death stand in relation to "transnational structures of health intervention in the postcolonial world of the 'developing country'" (2008: 360). She argues that languages of grief are truncated by fatalist concepts of causality that are inextricable from the histories of intervention that have "rendered the lack of [parental] affect or resignation a characteristic pathology of the subaltern woman" (363). And yet "talk among women about past losses flows within and against a legacy of interventions" (360).

expertise and local feminist movements that have documented the starkly unequal mortality rates related to unsafe abortion, which many hope would settle its status as a public health need, in Mexico it continues to be defined, and arguably *felt*, as a crime. Its provision is therefore always under the rubric of exceptionality. Legal and medical rationalities and motivations are thus interwoven in Mexico City ILE clinics in peculiar ways. In an effort to think further about how the public abortion clinic emerges at a particular crux of juridical and medical power, we might ask in Michel Foucault's words: "*What is it in this disciplinary place that is supposed to cure? What medical practice inhabits this space?*" (2006: 129).

As a disciplinary institution, the clinic is one site among others where a more general mediation between juridical and biopolitical power takes place, transforming the spectacle of sovereignty into something useful, and productive. In Foucault's words: "out of discipline a medically useful space was born" (1975: 144). In *The Birth of the Clinic* (1973), Foucault analyzes how the clinical display of pain figures into this usefulness. "*Can pain be a spectacle?*" he asks (1973: 84). It must be, he argues, for the clinical structure of exchange requires it. In order for the poor, and "morally disarmed," to receive treatment, pain must be offered as an object of knowledge that can in turn be applied to the general population, and more specifically analyzed to improve medical interventions on the bodies of the rich (Foucault 1973: 85; See also Cohen 2004 and Goodfellow 2015). Yet is there some sense in which the body in pain refuses to be useful?

It is perhaps in the lectures gathered in *Psychiatric Power* (1973-1974), where Foucault speaks most clearly to this question. In distinction to the "classical cure" for

madness in which the doctor-psychiatrist manipulates the content of delirium in order to “satisfy it,” modern psychiatry forcefully imposes reality in order to make madness disappear (2006).⁴⁹ Foucault’s description of the classical cure resonates with Levi Strauss’ account of the ritual actions of the shaman who eases the pains of childbirth by singing a song about a mythical struggle between helpful and malevolent spirits taking place inside the woman’s body (1963). It also elucidates Rosa’s understanding of pain management in which her ability to anticipate and respond to the patients “imagination of touch” is integral to her capacity to diminish the actual experience of pain. “Reality,” in these otherwise distinct forms of cure, is secondary to the collaborative making of truth between doctor and patient. There is a tacit form of violence that inheres in medical power, above all when the doctor’s authority denies the meaning of pain in the patients’ world, “giving itself the truth” - rather than engaging a struggle for truth over the course of a curing relationship (Foucault 1973, Kleinman 1988, Rapp 1999, Biehl 2005, Biehl and Moran-Thomas 2009, Han 2011, Mulla 2014, Das 2015).

For Foucault, the problem or limit to power posed in psychiatric medicine, was never how to establish the truth of the cure, but how to establish the truth of symptoms. At the core of psychiatric medicine, there is a nagging problem in which “a true symptom is a certain way of lying and the way in which a false symptom is a way of being truly ill” (2006: 135). Simulation, Foucault argues, “was a response of madness to the closure of psychiatric truth... the anti-power of the mad confronted with psychiatric power” (2006: 136). Hysteria, in particular, reveals this phenomenon of struggle. “The only way not to

⁴⁹ “Introducing reality into the delirium behind the mask of delirious figures, so that the delirium is satisfied by reality... through a game of transformations, of masks, one surreptitiously introduces reality beneath all the false propositions of the delirium... and in this way the delirium is verified” (Foucault 1973:131)

be demented in a nineteenth century hospital was to be a hysteric, that is to say, to counter the pressure that annihilated symptoms, that obliterated them, by building up the visible, plastic edifice of a whole panoply of symptoms, and by means of simulation, resisting madness being fixed in reality” (2006: 254). Might we think about collective expressions of pain in the public clinic as resistant to “being fixed in reality”?

For feminist anthropologists concerned with the medicalization of reproduction, pain has been one of the central figures through which women’s reproductive experiences are analyzed as “sources of power as well as subordination” (Ginsburg and Rapp 1991: 312; See also Martin 1987). Cecilia Van Hollen discusses the uneven effects of modern reproductive technologies in Tamil Nadu, India where many women seek the intensified pain of Oxytocin-induced labor (2003). She shows how the deliberate use of oxytocin and the rejection of anesthesia reworks what in other contexts has been understood as the violence of biomedicalized birth into a kind of regenerative female power. Many scholars have analyzed the infliction of pain on low-income women in public healthcare settings in Mexico as an instrument of gender and class subordination (Erviti 2005, Castro and Erviti 2003, Howes-Mischel 2012, Herrera 2013, Smith-Oka 2014 and 2015, Mills 2015). In these works, poor women are often discussed as victims of explicit abuse by hospital staff and broader health care infrastructures.⁵⁰ Rather than analyze pain along such fixed axes of power and subordination, I have tried to become attuned to the agentive *way* it is expressed and the affective relations and historical and embodied forms

⁵⁰ Lydia Zacher Dixon draws on ethnographic research with activist midwives who are re- framing obstetric practices as violent—as opposed to medicalized—in order to situate the “humanized birth” movement within broader discussions about drug cartel violence, gender, and inequality (2014). Dixon’s work stands a part from the others, in that she locates her analysis of women’s experience of pain within a struggle to define what constitutes violence in a social context in which extraordinary violence has become part of everyday life (See also Angela Garcia 2015).

of being that make particular expressions of pain possible while foreclosing others (Das 1996; Asad 2003). Women in the public clinics were intensely, however fleetingly, involved in a collective body-in-pain, and then returned back to themselves as they calmly walked away from the clinic. Based on the limited conversations I did have with women after they had clinical abortions, many did not speak of it with their friends and families.

Julie Livingston gives an ethnographic account of the economy of pain expression in Botswana cancer wards that, while attesting to the profoundly social nature of pain, encourages a cultivated disposition of silence (2015). In a culture of silent expression, “laughter offers the prospect of reestablishing an embodied sociality” (2015: 198). I do not claim to interpret how the experience of abortion in the public clinic might fit into a culture of pain expression in Mexico, as I did not observe how women folded their clinical experience into their ongoing lives, nor did I have much opportunity to speak with them afterwards. It is clear though that there is an economy expression in public clinics that differs significantly from an abstract biomedical picture of the individuated patient-body,⁵¹ as well as how pain was imagined in other kinds of clinical settings in Mexico City, such as Rosa’s private clinic. This economy of expression was far from silent. Women expressed their pain through a collective excess of sound and bodily secretion.⁵²

Does the collective outpouring of pain discharge the moral burden of the clinical intervention, allowing women to return their normal everyday without carrying the shame

⁵¹ See Annmarie Mol (2006)

⁵² Begoña Aretxaga discusses the transgressive potential of bodily excretions in the context of the Dirty Protests in Northern Ireland prisons in the 1970s (1995). She argues that the excess of the female body garners affective political force that resists interpretative meaning, and thus the total subjectivization of the disciplinary institution. See Douglas 1966, Kristeva 1982, and Grosz 1994 on bodily excess and gender.

or pain (pena) that clinical pedagogies seemed to reiterate? By attending to the way pain emerges and dissipates, temporarily constituting an embodied sociality among patients, perhaps we have a picture of neither total subjectivization, nor resistance, but an ephemeral affective intensity through which women are able to endure the routinized violence of the clinic.

Chapter 3:

Kinship and the Juridical Subject

“If law cannot adequately define the boundaries between life and death, guilty killing and innocent execution, then what is left of law?” (Sarat 1999: 7)

Following the decriminalization of abortion in Mexico City in 2007, 17 of the 32 Mexican states made reforms to their local constitutions “to protect life at the moment of conception.” The wave of reforms is part of conservative state efforts to limit women’s

access to abortion under the legal exceptions in which it should be provided, as well as to prevent the expansion of such exceptions in the future (GIRE 2015b). In spite of jurisprudence by the Mexican Supreme Court and the Inter-American Commission of Human Rights that have said that “fetal rights” and the “protection of prenatal life” must be interpreted interdependently with the protection of women’s reproductive health and rights, the constitutional reforms have exacerbated uncertainty about the legality of abortion.⁵³ The attribution of juridical personhood to what in Mexican legal language is often called “the product of conception,” conjoins contemporary Catholic understandings of the *essence* of life in the materiality of DNA with Roman Law concepts of *nasciturus*, or the treatment of the unborn as legal persons in matters of their future interests (i.e. inheritance) (Lemaitre 2014, Madrazo 2014). The Mexico City reforms were widely understood as a denial of prenatal personhood along these terms and the legislation triggered intense lobbying by pro-life advocates and Catholic Church officials. Mexican Catholic bishops threatened excommunication to Mexico City politicians and Pope Benedict XVI sent a letter to the Federal District Legislative Assembly urging them to reconsider the ILE reform, writing pointedly “a crime, even under a different name, is still a crime”⁵⁴ (Balboa 2007).

The confluence of catholic, scientific, juridical, and governmental frameworks of life as a constitutional right is parsed out and experimented with in the domain of criminal law. As I outlined in chapter one, each Mexican state differently defines exceptions under which abortion should be legally provided within their local penal code. In a similar fashion, state penal codes vary in the location or typification of the crime of

⁵³ From the Inter-American Court of Human Rights, see *Artavia Murillo v. Costa Rica* and from the Mexican Supreme Court, *Acciones de Inconstitucionalidad 11/2009 and 62/2009*

⁵⁴ “Un delito, aunque se le cambie el nombre, sigue siendo delito”

abortion in relation to other kinds of crimes. In all states except Mexico City, abortion is defined as “the death of the product of conception in whatever moment of pregnancy,” yet the severity of punishment that it incurs varies significantly. According to Mexican reproductive rights legal advocacy NGOs, between 2012 and 2013, a total of 682 *denuncias* (or legal accusations) against women for abortion were registered across Mexico (GIRE 2015b). The states with the highest number of reported accusations are the following, in this order: the Federal District (Mexico City), Quintana Roo, Baja California, Vera Cruz, and Guanajuato. Of the 682 filed accusations, 75 proceeded to judicial processing, and 29 were sentenced.⁵⁵

Between 2008 and 2011, a small feminist NGO in the state of Guanajuato brought international attention to seven cases of women incarcerated for the crime “*Homicidio en Razon de Parentesco*,” or Homicide Qualified by a Relation of Kinship. Reproductive rights advocates have since equated the crime with infanticide for simplicity as they address international audiences (GIRE 2015). In 1994, infanticide, along with parricide and filicide, was replaced by *Homicidio en Razon de Parentesco* in both the federal penal code and most of state penal codes. In states with articles defining this crime, the “relation of kinship” is specified to varying degrees, but it always includes ascendant, descendent, collateral, adoptive, by marriage and “concubine.” They also specify that the offender must have knowledge of this relation. The new crime thus collapses what was previously delineated as different kinds of crimes into one, and adds marriage, adoptive

⁵⁵ In 2006, Human Rights Watch published a report on abortion access after rape in Mexico. At that time statistics about the criminal prosecution of abortion were unavailable. Increased pressure on state authorities over the last decade have perhaps led to more open reporting on criminalization practices, but this is difficult, if not impossible, to measure. It is therefore impossible to say if the number of criminal abortion cases has increased following the constitutional reforms that protect life at the moment of conception, or not.

and concubine to relations otherwise imagined to be based on blood or “*consanguinidad*.” The majority of states consider the knowledge of a “relation of kinship” to be an aggravating factor that increases the prison term of a regular homicide from 10-20 years to 20-60 years. Across the variations of state penal codes, the aggravating quality of “*razón de parentesco*” is described as “*traición*,” or betrayal of the “security and trust that are tacitly expected within familial relations.”⁵⁶

In states that still define infanticide separately, the definition refers to “the mother who deprives life from her child within 72 hours of its birth.” Infanticide often includes the clause: “to hide her dishonor,” as the necessary motivation for the crime and the prison term ranges between one and six years.⁵⁷ Most states now list abortion, homicide, and either infanticide or homicide qualified by a relation of kinship within a cluster of crimes “against life and personal health” or “corporeal integrity,” or some variation thereof. As discussed briefly in chapter one, the state of Guanajuato includes only two exceptions under which abortion is not punishable, in the case of rape and accidental pregnancy loss (*aborto culposo*). This places the state in the category of most severe abortion criminalization along a wide spectrum that places Mexico City in the category of most liberal and progressive.⁵⁸ Perhaps evidence of this, Guanajuato defines “Homicidio en Razón de Parentesco” as a crime in itself (rather than a qualification of homicide) in Articles 156 and 157, directly preceding the article that defines abortion (Código Penal

⁵⁶ “Traición” is generally listed among other aggravating considerations, such as premeditation in a section before the crimes are specified. Some states consider homicide of an ascendant relative to be more severe than homicide across other directions of kinship.

⁵⁸ This categorization becomes more complicated when you look at actual practices. The most denuncias for abortion are reported by Mexico City.

del Estado de Guanajuato, Periódico Oficial, 03 June 2013).⁵⁹

The recent incarceration of women for Homicidio en Razón de Parentesco incited a feminist outcry that condensed around a well-known story of the state's victimization of poor and indigenous women. Mexican feminist scholars, activists and non-governmental organizations connected the cases to broader patterns of the violation of women's rights in order to advance an anti-abortion political agenda around the country (Woldenberg 2009, Cruz 2011, Las Libres 2013). Articles in *El Universal*, *La Jornada*, and the *New York Times* characterized the cases as an attack, orchestrated between public health providers and the police, on defenseless women: poor single mothers, uneducated and stigmatized within their own communities (Garcia 2009, Malkin 2010, Pérez-Stadelmann 2010). For the seven women imprisoned for homicide qualified by a relation of kinship, the NGO engaged a team of reproductive rights lawyers and legal scholars in a highly public defense strategy. The mobilization of local and international media and human rights networks eventually led to a reform to the Guanajuato state penal code that added a subcategory beneath Article 156 to specify that "to the mother who deprives the life of her child within the twenty-four hours immediately following its birth, and furthermore, that this deprivation is a consequence of psychosocial motivations, there will be imposed six to ten years of prison."⁶⁰

The reform allowed the release of the seven women from prison, all having been charged with homicide qualified by kinship committed against their newborn (recién nacido) under the original sentence of 25 to 30 years. At the same time, it reflected a

⁶⁰ "A la madre que prive la vida a su hijo dentro de las veinticuatro horas, inmediatamente posteriores al nacimiento de éste, y además dicha privación sea consecuencia de motivaciones de carácter psicosocial, se le impondrá de seis a diez años de prisión" (Guanajuato Gaceta Oficial, June 2011)

typical, disappointing outcome of the pressure mounted on state authorities by feminist and human rights networks. Instead of acknowledging a harm done, by either conceding the innocence of the women imprisoned, or admitting the mistaken conflation of homicide with abortion, state authorities deflected accusations by resignifying women's vulnerability (a mainstay of feminist arguments) as an attenuating, albeit pathological, circumstance. The episode suggests how public acts of benevolence on the part of the state towards "dishonored" women can exercise violence covertly – and furthermore, how this double gesture reflects the narrative struggles between local and transnational feminist and human rights networks, medical and psychiatric experts, and legal, political, religious officials. Mexican feminist NGOs continue to support women in the public telling of their story in language distinct from the state. Along this line of breaking silence and raising consciousness, the groups GIRE and Las Libres have made new documentaries featuring women charged with abortion and homicide qualified by a relation of kinship (Las Libres 2012 and GIRE 2013).

In the remainder of this chapter, I closely examine one of the cases of the seven women incarcerated for Homicidio en Razon de Parentesco.⁶¹ Tracing the evidence mobilized in the case, I explore how criminal responsibility is constituted as "traición," or betrayal, of the intimacy of kinship. What is at stake in the state's recourse to kinship betrayal in the criminalization of abortion? How do competing normative claims to life and death thread through this intense moral charge? What picture of the juridical subject undergirds the construction of this crime?

⁶¹ Focusing on the case files instead of looking for women's voices or collecting narratives, I suspend the question of the repression or expression of truth and instead explore how a particular *kind* of legal truth is made in the legal case file (for a critique of "compulsive feminist discursivity," see Brown 1996 and Mookherjee 2015).

I first recount how I encountered the case files in an NGO setting and their trajectory in the Mexican judicial system. Drawing on anthropological studies of law and bureaucracy, I track how the case is constituted as a sealed legal text that ensures a totalizing temporal horizon of action. In the second part of the chapter, I show how the scene of crime is rendered through public health surveillance and expert psychiatric knowledge that constructs the accused woman as a dangerous element in the social body. I argue that these processes of elucidating the crime through extra-legal knowledges produces a gendered juridical subject defined by pathological kinship relations. The absent, potential, or destroyed maternal-child relation becomes an analogy for other relations. Criminal responsibility is therefore not secured through the autonomous individual who is master of their acts, but against the backdrop of the normal “campesina,” rural working class family held together by intimate knowledge.

Cotejos and the Closure of the Legal Text

I began reading the criminal cases in a house in Guanajuato used as an office by the feminist NGO that spearheaded the defense strategy.⁶² I sat alone in an upstairs room that was usually occupied as a counseling space for women living with domestic and sexual violence and who were deciding what to do about an untenable pregnancy. A loveseat and a chair faced one another. A coffee table filled the small space in between, topped with a digital clock and a box of tissues. In the corner, there was a brightly painted miniature wooden table and chairs for children. Hidden in the sliding door closet

⁶² Reading the case files in the house of the NGO suggests their status as a contested archive, already dislodged from the place of law, worked over by teams of lawyers and then archived again, and perhaps out of their original order. See Rachel Sieder (2010) on the circulation of legal discourses outside the original frame of the state- deterritorializations and reterritorializations of law.

were overflowing cardboard boxes of the criminal case files of the women who had been charged with “Homicidio en Razon de Parentesco” between 2007 and 2011. The boxes were ripping at the corners under the sheer weight of the documents after having been mailed back and forth between affiliated lawyers in the United States and Mexico. No one had re-opened the boxes and they had, for the time being, been haphazardly shoved back into the closet. Talia, the director of the NGO, had agreed to let me read them, but only in the house in Guanajuato. Grateful for the chance, I spent a month reading them in that dimly lit room. Although sometimes I would cart a case downstairs to sit outside in the beautiful sun, I usually didn’t for fear of disorganizing the documents.

In the morning I would walk up the steep hill from the center of the city to the office. On my way I passed tiny stores (*tienditas*) in dark cement rooms whose open doorways marked a stark line between shade and sun. Middle-aged women sat inside behind cash registers, watching telenovelas on small televisions mounted on the wall and eating good food from one of the street stands nearby. I’d arrive out of breath from the climb. Ringing the bell at the gate outside the house, I’d take in the impressive view: the striking contrast of colonial Guanajuato city against the expansive hill covered by dry grass and yellow flowering bushes. I soon built enough trust with the NGO so that some days Talia or her sister would leave me their keys to work in the house on my own. Eventually they allowed me to make copies of the cases and bring them back to Mexico City. Once I had them in my possession there, the files became a burden more than an interest. No longer the secret that I sought access to, they just unsettled my sense of composure. I mostly left them collecting dust under my bed because every time I opened

them I'd lose hours trying to figure out what was going on, papers sprawled all over the floor.

Struggling to understand them, I finally asked a law student, Benjamin, for help. I began to meet him periodically either at the cafe below my apartment or in the garden of the Biblioteca Central of UNAM. One day I carried one of the cases with me. I handed him the 570-page file, and he looked at me with a smirk. I told him I just needed a general sense of how a penal case file like this one moved through the judicial system. He opened it and began giving me an introduction to an endlessly confusing legal world. *"Hay que encontrar el hilo" (you have to find the thread), he chuckled, "para saber donde dirigir tu atención, porque sí, los casos se vuelven en un mundo" (to know where to put your attention, because, yes, the cases become their own world).* We began by looking at the following document.



ESTADO DE GUERRERO

EXPEDIENTE de Orden de
Aprobación 2

148

Poder Judicial

CIUDADANO
AGENTE DEL MINISTERIO PÚBLICO ADSCRITO
PRESENTE.

Con el presente remito a usted copia certificada del auto dictado por este Juzgado dentro del Proceso Penal número 68/2008 iniciado en contra de [redacted], como probable responsable del delito de **HOMICIDIO EN RAZON DE PARENTESCO CON VENTAJA** cometido en perjuicio de quien en vida le correspondieran los apellidos [redacted] auto en el cual se ordena la aprehensión de dicho inculgado.

Le reitero con este motivo las seguridades de mi atenta y distinguida consideración.

ATENTAMENTE

Dolores Hidalgo Cuna de la Independencia Nacional, Gro., 28 de Abril de 2008.

LA C. JUEZ PENAL DE PARTIDO
LIC. ELOISA MARIN RODRIGUEZ IBARRA.

www.poderjudicial-gto.gob.mx

Fig. 4

The “*Orden de Aprehensión*” pictured above, is the first of a 157-page decree (*auto*) that initiates the judicial process for a woman I will call Valentina. Before this decree, the file contains the documents of the *Averigación Previa* (AP), which contains all of the evidence compiled by the *Ministerio Público* (MP), or the public prosecutor. An *Averigación Previa*, or preliminary investigation, is initiated either through a *denuncia* (accusation) or a *querrela* (complaint). Whereas an individual person can make a “complaint” about a personal injury, *denuncias* assert from the outset that a law has been broken and requires the public prosecutor to represent the case throughout the judicial process. A complaint, in contrast, is pursued by a private lawyer and might be settled outside of court. Following the *denuncia*, the public prosecutor decides whether or not to conduct a preliminary investigation that will, upon completion, be presented to the *Juzgado*, the local tribunal/court of the state. Each state has various *Tribunales* and one Superior Court located in the capital. At this phase of investigation, the case is in the hands of the executive branch of government and is solely focused on compiling evidence. Only after the point when the public prosecutor’s case has been approved and taken on by a Judge at a local level court, does the file officially become “judicial.”

To mark its new status as judicial, each page of the file must be authorized by the *Secretaria de Acuerdos*, the Judge’s personal secretary. After typing each page of text, or receiving a document from another office, he or she signs it by marking the entire text with a slash. “It’s a “*cotejo*,” or signature, that gives validity, and it has to cover the whole thing in order to say that you can’t write anything else, I mean, to show that it’s complete and official,” Benjamin explained to my surprise. To me the crossing out of the text didn’t look like a signature, but rather nullification. Later Benjamin took me to the

juzgados in La Neza, a jurisdiction on the outskirts of Mexico City, just to show me how a file was made. Without permission to be there, we lingered gingerly by a counter that divided “the court” from a small waiting area for witnesses and family members. At the counter stood the *cotejadora*, (judge’s secretary) in a professional suit with high heels and a scarf tied tightly around her neck. On one end of the counter she was putting together a manila envelope that would encompass the documents of a new file. She punched holes into two pieces of beige cardstock and then covered them with adhesive plastic reinforcement in preparation for the tight binding of a simple white string. Then she moved to the light stack of papers, presumably to be the contents of this brand new file, and began to sign them with the verifying slash – crossing out the text in a swoop with a thick black magic marker. In his ethnography of the French Council of State, Bruno Latour suggests that the writing practices of law aim to domesticate the threat that words can be separated from intentions, that identity might be impersonated, or that the text might be grafted onto an unintended chain of signification. In this sense the *cotejo*, or signature, aims to “tie up” loose ends and fend off all potential non-legal iterations and effects (Latour 2004). It also reflects a particular ethos of juridical truth-making characteristic of civil law systems, which I will discuss in more detail after considering the following document that marks the judicial process and Valentina’s first statement to the judge.



PROCURADURÍA GENERAL
DE JUSTICIA



POLICIA MINISTERIAL

813/PM/2008

P.P. 68/2008

Se cumplimenta orden de
Aprehensión Total.-

Dolores Hidalgo C.I.N., Gto., a 29 de Abril de 2008

C. Juez Materia Penal.
Presente.

Por este conducto hago de su conocimiento que el día de hoy fue aprehendido en la vía pública a la C. [redacted] de 21 años de edad y con domicilio en calle Principal No. 7 de la comunidad de Soledad Nueva de esta ciudad, por el delito de HOMICIDIO EN RAZON DE PARENTESCO CON VENTAJA en agravio de LA MENOR DE APELLIDOS [redacted]

Dando así cumplimiento total a la orden de Aprehensión de oficio 262 de fecha 29 de Abril de 2008, proceso penal 68/2008.

Dejando a la detenida materialmente a su disposición internada en la cárcel municipal de su sexo en esta Ciudad.

Lo anterior lo informo para su conocimiento y efectos legales correspondientes

ATENTAMENTE,
"HONOR, VALOR, JUSTICIA"

CMTE EDGAR IVAN MARTINEZ MARTINEZ
SUBJEFE DE GRUPO DE POLICIA MINISTERIAL

Agentes Comisionados: El suscrito y Manuel Mendoza Corona.



SUB PROCURADURIA DE JUSTICIA REGI
GRUPO DE LA POLICIA MINISTERIAL
DOLORES HIDALGO, C.I.N., GTO

Con copia:

- Agente del Ministerio Público Adscrito. Presente
- Alcaide de la Cárcel Municipal. Presente
- archivo.

Recibi a las 21:00 hs.
del día 27/11/2008

Fig. 5

The letter above is from the Head of Police to the Judge that communicates that Valentina has been apprehended in her home and taken to the municipal prison for “preventative detainment.” In all seven of the cases, when submitting the preliminary investigation to the judge for review, the prosecutor also requests and secures the *prisión preventiva* (preventative detainment) of the accused woman when the case is submitted to judicial processing. According to a 2016 report by the InterAmerican Commission on Human Rights, 52.94% of women prisoners are subject to this procedure, which based on Article 19 of the Constitution should only be used when other measures cannot assure the appearance of the accused at trial (IACHR 2016: 142-143). The reason given in Valentina’s case is that she might flee to the United States to join her partner, whose absence figures strongly in the story of why she committed the crime.⁶³

Valentina was detained the 28th of April 2008, after an investigation that began the 10th of October 2007. After her apprehension and detainment she is brought from the prison to the Court to give a “preparatory declaration” on April 30th. At this point she can validate or deny the declaration she has already given to the public prosecutor in his preliminary investigation. Benjamin assured me that no one denies the original declaration because to do so would immediately concede that one is a liar. The declaration thus follows a narrative already set out previously by the prosecutor. The Judge’s secretary poses questions to Valentina while another lower secretary types the dialogue at the same time. Afterwards each page of the declaration is signed by Valentina and marked by the secretary’s cotejo. They begin with a series of initial questions and

⁶³ Preventative detainment can last as long as the judicial process, which in these cases lasted 3-5 years. In theory, time already served should be subtracted from the final sentence, and if the accused is exonerated of her crime, the state is supposed to pay damages for the time spent in prison, but never does (See Hernandez and Smith 2008).

observations that every preparatory declaration begins with, such as; name, address, age, nationality, religion, occupation, income, identifying marks (*senos particulares*), name of her mother, under the influence of alcohol, etc. The text then indicates that “she is made to know (*se le hace saber*) that the Agent of the Ministerio Publico formulated an accusation against her for the crime of Homicidio en Razón de Parentesco con Ventaja (Homicide, Qualified by a Relation of Kinship and Advantage) against “the minor that in life would have responded to the names...” (*la menor que en vida respondiera a los apellidos...*).” The first thing we should note is that the typist records the posing of the questions in a third person passive voice, casting impersonality over the questioner as the speaker of the law. In contrast, the formulation of the victim’s status through giving the family name repeats the formulation of the “*Orden de Aprehensión*,” which similarly refers to the victim of the crime as “*who in life would have corresponded to the name...*” The particular victim must be named in the same gesture that the speaker of the law has no name. “In this moment,” continues the text, “she was read her rights and knowing them she stated: “*Yes, it is my desire to declare in this procedure...*”

The text then continues in the first person voice of Valentina who describes the scene in which she gave birth by herself outside where the animals were kept, by the nopales, on the ground. She describes her labor pains and attempts to be quiet, and then passing out to awake to a stillborn baby. This declaration constitutes the first “*audencia*,” or hearing, in which Valentina, as the “*inculpada*” or accused, the judge, the secretaries, the police agent of the Ministerio Publico and her public defender supposedly come together to put forth their side of the case. There will be three hearings total before she is sentenced in which the public defender can make appeals for the addition of more

evidence. Yet this brief excerpt shows how the scene of declaration is primarily concerned with reaffirming the existing evidence in the case file. Indeed it seems as though Valentina speaks into a vacuum of law, her voice subsumed within a totalizing temporality of the file (See Greenhouse 2014). The text covers all directions of time, first, and most strikingly, through the use of the past subjunctive tense to refer to the victim of the crime: “*the minor who would have responded to the last names.*” The law attributes the names to the victim only in retrospect, and then ties this reconstructed ghost to the present: “*In this moment*” in which Valentina appears to declare her crime. It moves authoritatively from a passive third person account of the ongoing procedures of law, “she is made to know what she is accused of,” to the first person statements of Valentina, punctuated by legal reiterations and rewordings of her statements that at times leave no trace of her original speech.

All of this takes place very undramatically, Benjamin assured me. “*If you’re lucky the judge shows up, but usually they stay in their little cubicle. It’s the secretary that has the public faith.*” The secretary’s cotejo that marks the text suggests the peculiar temporality of criminal law (Ewick 2014). If it were open to an uncertain future the verification of the text might be suspended until a “final” text is rendered. Rather, the material practices of making and commensurating the text- marked again and again by the signature-slash, strive *in each instant* to fulfill the continuous promise of “being legal.” In this sense the file is not crafted in relation to events that have already happened, but rather creates a new domain of speech and time into which events are fed, and selectively reassembled and authorized. As the case accrues force through the process of assembly, the secretaries act as the guardians of “public faith” by marking the

authoritative legal speech off from ordinary language and non-legal effects. “Doy fe” is a constant refrain in the text, signifying both the power invested in the legal secretary by the people to act in the name of law and the vulnerability of the text to the threat of iterability.⁶⁴ In this sense, the impermeability of the text is supposed to ensure the purity and certainty of juridical truth (Merryman 1969; Hale 2000; Pizzi and Marafiotti 1992; Couso 2010). Yet Mexico’s criminal justice system secures the preventative detainment of vulnerable citizens while maintaining impunity for military violence and state terrorism across the country (Stephen 1999, de Marinis 2011).⁶⁵

In her feminist critique of the state, Catherine Mackinnon analyzes law as an instrument of patriarchal violence, describing it as a “cloak of force” (1989).

Anthropologists have explored the limits of this critique, pointing out that the notion of law as violent imposition, more or less explicitly imagines the human (or the woman) in a natural state without laws (Pateman 1980, Strathern 1985, Das and Poole 2004, Valverde 2003). Bruno Latour’s study of the material practices of law-making suggests another possibility for thinking about law and gender violence. In contrast to Mackinnon, he argues that “the relation of law to force is not that of a clothing of naked violence,” something else is at work - “it’s not that [of the relation] between truth and its disguises, or between the contents and their wrapping, but rather between the transfer of force and the peculiar movement of law” (2010: 82). The primary condition of law, both it’s

⁶⁴ See Veena Das on perlocutionary force and excuses- what in ordinary language philosophy refers to a region of vulnerability of human action, in law becomes a site for the circulation of power (magical and rational).

⁶⁵ The criminal justice system is currently being converted from “inquisitorial,” in the civil law tradition, to “oral accusatory,” which incorporates aspects from jury trials like in the United States. Proponents of the judicial reforms generally oppose the written from the spoken, aligning text with absence and voice with presence. In Benjamin’s words, in the new “oral system” *“no se hace tanto papeleo... exige al MP que lo hace y se lo entregue a los jueces en muy pocas hojas... la ventaja es que tendrán que tener contacto directo con el inculgado.”*

potential violence and justness, is its ability to stay relatively “light” in relation to the moral and political complexity of the events with which it deals. Given any number of situations or conflicts, the law is made by selecting “the elements which will allow the file to progress according to a particular thought process that we can only call ‘legal’” (Latour 2010: 150). He suggests that judges might speak not only *legally*, but also *justly* when they hesitate before reframing an issue within legal parameters (See Constable 2005). Latour analyzes expressions such as “it is delicate” or “it is complicated” as empirical signs of hesitation in the movement of law.⁶⁶ Given Latour’s description of the “just” movement of legal reason, we could say that the potential to speak justly is absent in the case files of women charged with homicide qualified by a kinship relation. To the contrary, the cases return to the original ground of the public prosecutor’s argument with astounding repetition. In what follows, I outline three prominent forms of evidence in the cases to show the arch of this repetition and how it accrues the moral force of kinship betrayal.

Intimate Knowledges

In Valentina’s case, a nurse in the community health center accuses her of hiding a pregnancy in a testimony to the Public Prosecutor. What follows is an excerpt of the nurse’s testimony.

“...I am a nurse in the Community Health Center, since 1979, it has been approximately 29 years, because of which I know the majority of the people who live in the community,

⁶⁶ Latour’s argument is as much methodological as it is theoretical. By sitting in on review meetings in the higher court he was able to observe all manners of presentation and voice between the different actors discussing a case. He borrows from semiotic analysis to identify several “value objects” and their shifting weight and transformations over the course of a ‘live’ argument. This method and kind of analysis frees him, or so he hopes, from falling into a definition of law as an elaborate disguise of arbitrary power or what he conceives as its opposite, the mere application of rules.

and even some people in the 29 communities that are around because they regularly visit the health center for consultations, and also, as I mentioned in my general information I live in the aforementioned community, and that is how I realized that Valentina was pregnant, whom I have known for all her life since she was born in the community and is approximately around 22 years old, and also that Valentina has lived her entire life there in the community where I live, and also that Valentina has a 4 year old daughter, and even though Valentina is a single mother, I have understood from what I hear around the community that Valentina had a boyfriend, whose name I don't know, meaning I never saw her with anyone, and it is the case that I saw her wearing tight clothes, and that was the date of October last year 2007, in which there was vaccination campaign in the community to which Valentina brought her daughter to be vaccinated, but in this occasion I saw that her belly was swollen and also that she wore a large sweater and I asked her if she was pregnant, but Valentina, bothered, told me no and I asked her again if she was pregnant to which she said no and I insisted and I asked her when had been her last menstruation, because it would have been necessary to vaccinate her if she was pregnant, and that's when Valentina annoyed answered that the 8th of february she had had her period, a thing I didn't believe due to the fact of, as I already said, her swollen belly, and I said to her "well yes or no, I'll give you the vaccinations." ⁶⁷

The testimony is written as continuous speech with barely any punctuation. The reiteration of Valentina's name and moments of awkward detail suggest points at which the legal secretary inserts a question to direct the testimony. The nurse relies on both her visual perception of Valentina and hearsay talk around town to conjecture that she was pregnant. Importantly, the occasion in which Valentina attends a public health program to get a vaccination for her daughter also becomes a scene of accusation.

The next testimony is given by Valentina's Aunt, the wife of her father's brother.

"... I saw that Vale was wearing clothes that were somewhat fitted (ajustada), not skin tight (pegada), but she wore stretchy denim pants (mezclilla) and blouses a little fitted and I knew that Vale had a boyfriend in the community called JUAN PABLO, and that they were a couple (novios) but at the end of the month of december 2007, this JUAN PABLO didn't go to see Vale at the house, which made me guess that that they had broken up, without knowing the motive for why they broke up... and it was the month of december without knowing the exact the date that I started to see Vale a little more chubby..."

⁶⁷ See Appendix E for testimonies in original spanish

Valentina's aunt then explains how she looked in her first pregnancy that resulted in the life of her 4-year old daughter and the familial circumstances surrounding it:

"... the first pregnancy that Vale had, I didn't realize until she was something like five months along in the pregnancy, since she looked normally chubby like most recently, and also the people in the community were saying that Vale was pregnant, and it wasn't until then that Vale's mama found out that she was pregnant, and I knew that she chastised Vale a lot, to the point that the Vale's mama cried, but since Vale's papa wasn't there because he was in the United States I didn't know how he would react, except that when he arrived to the ranch Vale's papa had been supporting her and she [the child] had taken the last names... [of Vale's father]... since the father of [the child] didn't acknowledge her (no la reconoció)"

A final testimony is given by the father of Valentina's 4-year-old daughter:

"...I realized that Vale went around with some guys from there in the community... and without remembering the exact date but it was approximately about one year that Valentina and I began having sexual relations in my car and I realized that during this time Valentina went around with a guy from there in the ranch named GERARDO, and I know this because like I said I live close to Valentina's house and I always saw her with this guy outside her house like at 12:00 o'clock at night, including on some occasions my daughter was outside with her and I told Valentina that it wasn't okay that she was outside the house so late at night..."

He continues to detail his observations of Valentina with other men outside her house and his knowledge of the fact that she did not use contraception. Then he describes how he knew that she had been pregnant:

"... I did notice that Valentina was pregnant, since Valentina is slender one could note that her womb was growing, and the face became blotchy a little (la cara se le empezó a manchar de paño un poquito), but I never asked Valentina if she was pregnant, nor did she tell me anything, and for what people were saying around the community, without being able to be more precise about who exactly, I heard the rumor that Valentina was pregnant..."

Following the collection of these testimonies, the judge requests records of all of the women who are, or were, pregnant in the community to be added to the criminal file.

The records turned into the legal authorities by community health centers and hospital

administrators generally note the name, address, number of weeks of pregnancy, expected due date and number of visits to the hospital or health center of each pregnant woman with whom they have had contact. While some of the records look “official” with all of the categories listed above and titled “Informe de Embarazadas,” some seem to have been originally designed for something else and only later occupied to list pregnant women. One form is from a vaccination program and another is a “censo nominal de mujeres en edad fértil/escolares” (nominal census of women of fertile/school age). Others are entirely hand-written. Below is one of the handwritten lists of pregnant women in the community near Valentina’s house.

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1992
D.F.A.

[illegible]

111

It seems this list of pregnant women has been made after the request from the judge, either copied from some other document or changed in relation to the request. I chose to include it here because of the way the names are spatialized on the page. The asterisks next to some of the names on the vertical list indicate women whose pregnancies would match the time-line of the crime. The names are then re-written at the bottom of the page horizontally, facing perpendicular the general list.

The Feminist Defense: Mitigating Circumstance of Psychosocial Vulnerability

Part of the feminist NGO intervention was to request the addition of evidence based on psychological examinations of the accused women. In each case the judge agrees and orders evaluations by a psychologist from the side of the state and the side of the defense. The judge issues a document asking both psychological examiners, referred to as peritos (police investigators) to describe any “conditions that might have mediated the criminal actions” (See Leal 2006). In response the state appointed psychologist produces the following report about Valentina:

“It’s important to recognize that whatever motivation, decision or action of a human being implies a psychological foundation, and in the case of the woman under evaluation one observes that there exists a structure of personality with primitive characteristics, which is to say they present immaturity, poor network of emotional support, poor defense mechanisms through which she does not make herself responsible for her decisions and holds responsible others for her actions and their results, without concerning her own self (sin comprometerse en ella misma). Even when the woman under evaluation shows these individual characteristics, she is a person with the capacity, to make her own decisions, well one doesn’t find her trained (capacitada) to do so, and in the occasions that she does make decisions she does it in an impulsive manner and too passively (poca asertiva), without considering the results and risks that this decision implies. The conjugal violence that was part of her relation with RODRIGO [the father of her daughter] is another element that intervenes in her emotional state, since being a dependent person, she doesn’t find in the relation the support and security that she looks for in a partner, choosing in an impulsive manner to involve herself with another person,

since she feels that what she doesn't have in her house she has to look for outside, like she did when being unfaithful with GERARDO." ⁶⁸

After Valentina broke it off with Rodrigo she moved from her parents' house to Gerardo's house, where his parents also lived. Gerardo subsequently went to the United States to work, and it is in this period of time that Valentina is accused of becoming pregnant (perhaps with Juan Pablo) and hiding the pregnancy. Rather than retell the history of Valentina's sexual relationships, the report given by the defense psychologist centers on an explanation of why she labored alone in the cactus garden behind the house. He begins with the fact that she lived with her in-laws to suggest that her secrecy was logical and necessary, and then explains her lack of maternal instinct as simultaneously a normal attribute of modern women. The death of the fetus is therefore the result of her marginalization from public health services.

"Since the woman under judicial processing was living with her in-laws, she decided to keep her pregnancy a secret, for the same reason she didn't visit "control" [obligatory community services for pregnant women], nor at the moment of the premature labor did she receive medical attention, for this same reason she let the labor progress and she expelled the product of conception alone and with the consequences implied in this kind of labor, which is to say, in other words, at the mercy of God (a la buena de Dios)... it is important to mention that the process of labor, in normal conditions requires attention or assistance and that women do not possess the instinct to preserve the species like the rest of the mammals do... a woman does not possess these characteristics, even less so now in our actual times, due to which it is necessary to rely on adequate attention and more and more so of the professional type in adequate sites." ⁶⁹

⁶⁸ Examine further how the prosecution and defense alternatively portray the pathological personality in the "Junta de Peritos en materia psicológica" en L.M's case and in the defense petition to the judge in AdR's case.

⁶⁹ Examine further how the same peritos give a detailed dictamen answering questions from the judge about the nature of pregnancy.

Forced Recognition

Two weeks after collecting testimonies and public health records, the public prosecutor orders a “Gynecological Inspection of a person named Valentina” in which the goal is “to determine whether she currently presents physical or clinical signs of having been in a gestational state or of having recently given birth.” During the same examination the “*medico-legista*,” or medical-legal examiner, in the company of two agents from the public prosecutor’s office, take samples of Valentina’s blood, saliva and hair for genetic testing to compare with genetic materials of the fetal cadaver that was found outside her house. In addition to DNA evidence, the forensics team conducts a *dosimacia*, in which the lungs of the fetal cadaver are submerged in water. If the lungs float it signifies that a breath was taken which supports the Public Prosecutor’s narrative that Valentina smothered the cries of her premature infant. Valentina’s testimony since the preliminary investigation maintains that she passed out and awoke to find the stillborn baby. The state gages the age of the fetus to be 29 weeks, a point at which if born within an advanced medical setting of a hospital it could have survived (Christoffersen-Deb 2012; Williams 2005).

As in all of the cases there is ambiguity about what constitutes legal and scientific evidence of the cause of death of a fetus whose “independent” life must also be proven. In all of the cases the form of death and form of life of the fetus and/or newborn are elaborately debated between medical experts, forensic examiners, and legal authorities. One way the ambiguity of fetal life and personhood manifests is in the frenzy of naming its body. Over the course of the case the entity who is legally defined as the victim of the crime takes many names; a fetus (*un feto*), a new born fetus (*un feto-recién nacido*), a

born (un nacido), a new born (un recién nacido), a human fetus (un feto ser humano), a child (un niño), a little body (un cuerpecito), the minor (la menor), the product of conception (el producto de concepción). The criminal narrative strives to fix this ambiguous entity to a proper name within a particular set of relations. At the moments when the state summarizes the crime as Homicidio en Razón de Parentesco, “the product of conception” becomes “*her own new born daughter*” (su propia hija recién nacida), *her* baby, or as I mentioned earlier in this chapter, “a new born *who in life would have responded to the last names...*” In this attempt to name properly there exists an essential ambiguity as to how, when, and with what criteria the body will be seen as the body of a human being, which is in turn all tied up with the law’s labor to provide evidence of kinship (“razón de parentesco”). The law’s movement between naming the body as human and connecting it to its “progenitors” is full of moral ambivalence that relies on partial knowledge that can be accumulated through different kinds of evidence but never complete. For instance, in many of the testimonies by the people, often neighbors, who find the body, refer to it at first as a “cuerpecito” or “little body,” without explicit human features. It is not until the police agent taking the report asks what the gender of the body is that the witnesses name it as a girl or boy-child, una niña o un niño.

While DNA evidence establishes kinship ties between mother and fetus, more extended forms of kin recognition are required to carry the full moral force of “razón de parentesco.” In addition to forensic reports, all of the cases document what I call “scenes of forced recognition” in which state officials elicit verbal acknowledgment from the parents of the accused woman of their own relation as grandparents toward the fetal remains, requiring them to sign death certificates and official requests for burial rights. It

is perhaps here that we can begin to examine what is at stake for the state in using the crime Homicidio en Razón de Parentesco as opposed to the lesser crime of abortion. In order to have the fetal remains associated with Valentina's case cremated, the judge orders the following birth certificate, which simultaneously serves as the registration of the fetal death.

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ESTADO DE GUANAJUATO

DIRECCION GENERAL DEL REGISTRO CIVIL

NACIMIENTO

EN NOMBRE DEL ESTADO LIBRE Y SOBERANO DE GUANAJUATO, CERTIFICO SER CIERTO QUE EN EL LIBRO No. 5 DE NACIMIENTOS QUE EXISTE EN EL ARCHIVO DE LA OFICINA DEL REGISTRO CIVIL No. 31 DOLORES HIDALGO DEL MUNICIPIO DE DOLORES HIDALGO SE ENCUENTRA ASENTADA LA ACTA No. 00017 DE FECHA 9 DE ABRIL DE 2008 DEL TENOR SIGUIENTE:

C.O.	LIBRO	FOLIO	C.P.	C.C.	C.D.	C.E.	C.F.	C.G.	C.H.	C.I.	C.J.	C.K.	C.L.	C.M.	C.N.	C.O.	C.P.	C.Q.	C.R.	C.S.	C.T.	C.U.	C.V.	C.W.	C.X.	C.Y.	C.Z.		
01	5	00017	1101401000017J																										

FECHA REGISTRO: 0 DE ABRIL DE 2008
 LUGAR DE REGISTRO: DOLORES HIDALGO, DOLORES HIDALGO, GUANAJUATO

DATOS DEL REGISTRADO

NOMBRE: _____
 FECHA NACIMIENTO: 19 DE MARZO DE 2008 HORA: 20:45
 LUGAR NACIMIENTO: SOLEDAD NUEVA, DOLORES HIDALGO, GUANAJUATO, MEXICO
 NACIONALIDAD: MEXICANA REGISTRADO: MUERTO SEXO: FEMENINO COMPARECIO: PERSONA DISTINTA

DATOS DE LOS PADRES:

NOMBRE PADRE: _____
 NACIONALIDAD: _____ EDAD PADRE: _____
 NOMBRE MADRE: _____
 NACIONALIDAD: MEXICANA EDAD MADRE: 21

DATOS DE LOS ABUELOS:

NOMBRE ABUELO PATERNO: _____ EDAD: _____
 NACIONALIDAD: _____
 NOMBRE ABUELA PATERNA: _____ EDAD: _____
 NACIONALIDAD: _____
 NOMBRE ABUELO MATERNO: _____ EDAD: _____
 NACIONALIDAD: _____
 NOMBRE ABUELA MATERNA: _____
 NACIONALIDAD: _____

PERSONA DISTINTA DE LOS PADRES QUE PRESENTA AL REGISTRADO

NOMBRE: JOSE REFUGIO MEJIA RENDON PARENTESCO: NINGUNO
 NACIONALIDAD: _____ EDAD: 54

SE EXTIENDE LA PRESENTE CONFORME A LO DISPUESTO POR EL ARTICULO 56 DEL CODIGO CIVIL VIGENTE DEL ESTADO, DOLORES HIDALGO, GUANAJUATO, A 10 DE ABRIL DE 2008



NOMBRE Y FIRMA DEL
OFICIAL DEL REGISTRO CIVIL

C. MARIA TERESA RUIZ BONGIOIA



SELO DE LA OFICINA DEL REGISTRO CIVIL

RCA 0000013

DOLORES HIDALGO, GTG

Precio: \$15.00
 537401057-2009/274165

Fig. 7

The only categories on the form that are filled out are the date and location of birth, the sex and the name of the new born, the nationality and age of the mother (Valentina), and the name of the “distinct person” who officially appears (*compareció*) on behalf of the fetal person. The name of the fetus is listed as Valentina’s maternal and paternal last names. The “distinct person” who appears is a state official, his age is listed and his kinship to the born and deceased is listed as none. The production of birth and/or death certificates is necessary for the case to be able to go forward with the charge of Homicide. It is a documentary practice that substantiates the legal personhood of the victim and when the parents of the accused do not appear to request the documents, state agents fill in on their behalf.

In two cases, the juridical uncertainty surrounding fetal personhood turns into cruelty on the part of the agents of public prosecutor’s office. Such cruelty is evident in their own documentation of the exchanges they have with the families of accused women. In the case of a woman who was held in the hospital for questioning after aborting a fetus of 22 weeks, the fetal body was placed in a plastic jar and shown to her parents twice. The first time was to demand that they acknowledge that the stomach pains that their daughter had complained of were actually symptoms of an abortion. In the second instance the state agents bring out the jar so that the parents would officially identify the body as their “grandchild” for the production of a legal birth/death certificate. In another case, the judge argues in his final rendition of the crime narrative, that the tie of kinship between “mother and daughter” is beyond doubt due to the fact that the accused woman’s father had requested the fetal remains for cremation.

The Gender of Kinship Betrayal

In chapter one I discussed how various articulations of exception in state penal codes regulate the legality of abortion across Mexico. Such exceptions can also be understood to mitigate the “voluntariness” of an action that would otherwise deserve punishment. While feminists have struggled to expand exceptions to shift the rationality of abortion regulation from criminality to public health, we see in the criminalization of abortion how health, in its obverse form of illness or pathology, is introduced into legal reasoning in order to account for the etiology of crime. In Mexican state penal codes it is clear that the application of proportional punishment requires that the voluntariness of an action is scrutinized and ascertained according to a complex rubric for judging moral action. Analyzing the 1987 United States Supreme Court ruling in the *Tison v. Arizona* case, Jennifer Culbert shows how the court bases the allocation of criminal responsibility on tacit normative assumptions about the autonomous individual who is master of his or her acts (1999). The fragility of these assumptions surface when confronted with “monstrous” crimes that offend a tacitly shared moral sensibility. In an effort to contain this fragility, Culbert suggests the court reinscribes its jurisdiction by refusing to consider psychological explanations of the defendants’ criminal acts or the social context in which they occurred. Here the fictive abstract individual who is master of his or her acts is necessary for the court to be able to apply punishment to the degree that they *feel*, or *tacitly agree*, is appropriate.

Culbert’s analysis of how moral norms enter Supreme Court Jurisprudence is particularly relevant for the U.S. common law system based on precedent and wide judicial interpretation. In Mexico, where cases are structured by a continental European

(“civil law” or “napoleonic”) tradition, crimes and the way they should be judged are meticulously codified. Still there is a margin of interpretation when the public prosecutor chooses to pursue these cases as a crime of homicide rather than abortion. The code defines abortion as the death of the fetus at any moment of pregnancy, which all of these cases could have been prosecuted under. It seems the presence of a fetal body conjures a liminal moral threshold and a particular kind of juridical uncertainty, to which the state, in these cases, responds with severe and cruel punishment (See Tsing 1990; Briggs and Mantini-Briggs 2000). Indeed the allocation of criminal responsibility becomes a moment for the reinscription of jurisdiction.

Michel Foucault discusses precisely how the moment when law loses the capacity to define a crime, psychiatric knowledge emerges with new explanatory power (2003). Confronted with crimes (many of which center on the murder or violation of children) that seem to have no cause, reason or interest on the part of the aggressor, the legal imaginary of the human subject enters a certain crisis. At this point of unsteadiness within law, the “dangerous individual” emerges at the frontier between medicine and law. Formed in a peculiar conjunction of legal and medical rationalities, the dangerous individual affects its own field of normalization, “creating a continuum between delinquency and monstrosity, pathology and crime” (Foucault 1999: 16). The interplay between expert medical opinion and criminal law gives what is otherwise ambiguous moral suspicion a place in law by linking the monstrous figure of heinous crime with the everyday figure of the neighbor. Through a distribution of risks and probabilities that can, in retrospect, be attributed to the “dangerous individual,” the crisis in law of how to allocate criminal responsibility is solved.

In the Homicidio en Razón de Parentesco cases, the psychological examinations requested by the defense team enter into the final legal judgment as both a mitigating factor and an explanatory model that resediments the prosecutor's narrative of the crime. Importantly, (maternal) responsibility emerges against an abstraction of the normal family, rather than the normal individual. Throughout the crime narrative and the collection of evidence there is a tension between intimacy and detachment. First it appears in the intimate relations of "the community." The testimonies gathered provide the criminal narrative a form of personal knowledge that paradoxically only knows through hearsay and rumor (See Valverde 2003). Valentina's aunt in-law and ex-boyfriend say that she appeared to be pregnant, but still they didn't know for sure or ask her. Rather they heard what people in the community were saying. Second, each of the psychological evaluations provides an account of Valentina's lack of maternal instinct. The state psychologist traces an "immature structure of personality" and links it to Valentina's incapacity to make good decisions (See Reyes-Kipp 2014). When she makes decisions they are impulsive and wrong-headed. He cites her infidelity to her absent husband as the perfect sign of her over-dependency on others and misguided attempts to fulfill her own needs.

On the defense side, the psychologist explains the bodily event of stillbirth as a product of Valentina's socioeconomic situation. His comments bear traces of the logic of honor that attenuated infanticide in colonial law, which explicitly persists in some contemporary state penal codes.⁷⁰ Because Valentina lives with her in-laws, she had to keep the pregnancy with a man who is not their son a secret. The colonial code of honor is overlaid with a contemporary biopolitical claim upon the state that argues that

⁷⁰ For an analysis of gender, sexuality and honor in colonial law see Seed 1992 and Alonso 1995.

Valentina's marginalization thrust her into a zone of abandonment in which she was at "the mercy of God." As evidence of the accused woman's pathological detachment from her family accrues, the law then struggles to establish her connection to her hypothetical child. In a cruel movement of law, which narrates the disintegration of the normal family, while at the same time documenting a maternal-child relation that has not yet existed, a unique form of criminal responsibility emerges.

In her ethnography of adoption bureaucracy in Morelos, Citlalli Reyes-Kipp explores how the daily state practices of forging new families while severing the ties of others, neither fits a welfare model—as a government through society— or so called "neoliberal" forms of rule—as governing through individuals and regulated choices (2014). On the one hand, she argues, adoption policies and practices in Mexico 'resurrect' the family as the fundamental unit for social policy intervention and self-responsibility in the wake of the state's withdrawal of public services. The figure of family is "used rhetorically as exemplar—as a means to stigmatize those who have no family or whose family falls outside the norm of respect" (Reyes-Kipp 2014: 23). On the other hand, neoliberal rationalities come into play through "the figure of an adoptable child as an 'autonomous subject,' who is free from genealogical ties and therefore capable of improvement" (2014: 23). The future is imagined in the figure of the child and the failure of natal kinship is embedded in the female body, and more specifically the figure of the bad mother (See Edelman 2004).

As Foucault outlined in his lectures on the dangerous individual, the constitution of the "nuclear family" opened up a new field for particular forms and techniques of power centered on the care for the child's body (2003: 255). While the bourgeois family

became a site for intense scrutiny around intimacy with non-kin, such as servants, that threatened to infiltrate the purer bonds of parents to children, the working class family was scrutinized on the basis of too much proximity. Whereas the first kind of family was restricted to a compact nuclear unit, the other was encouraged to build a cautious space between family members (2003: 263-291). The ties of kinship are thus thought in more than one way according to class- yet in both scenarios danger is related to the dual poles of attachment and detachment, intimacy and strangeness. Particularly in the scenes of forced kinship recognition, these criminal cases suggest that the threat to moral order posed by abortion, is not only the death of innocent life, but also the moral ambiguity of the intimacy between families in relation to a broader community. In this sense eliciting acknowledgment of grandparentage attempts to repair (as punishment) the gaps in “constitutive knowledge” between kin members, criminalizing not only the death of the fetus, but also the secret within the family (Carsten 2007).

Across her work, Marilyn Strathern has explored how “culture consists in the way analogies are drawn between things, in the way certain thoughts are used to think others” (1992: 33). In this vein feminist scholars have examined how the emergence of fetal personhood as a legal and medical category is an intense site for cultural fantasy and ambivalence (Tsing 1990, Ginsburg and Rapp 1991, Berlant 1991, Carsten 2007, Gammeltoft 2014). Other scholars have investigated how tropes of gender, sexuality and reproduction are mobilized in the conflictive and fragile construction of the state and the national community (Mayer 2000, Aretxaga 2003, Das 2007, Mookherjee 2015). In Mexican scholarship specifically, a great deal of work has focused on the symbolic effects of prenatal personhood in the historical struggle for a secular democratic state in

relation to the Catholic Church and the corporatist rule of the PRI (Htun 2003, Carillo 2007, Amuchástegui and Rivas 2008, Lamas 2008, Ortiz-Ortega and Barquet 2010). The criminalization of abortion as kinship betrayal reveals further how the fetus, as a kind of “speculative matter,” becomes an analogy for a host of other disorders of the social (Farman 2013). Threading through the crime narratives is the threat of contamination that comes with women’s secrets, the dissolution of kinship marked by economic hardship and the absence of the male partner and/or father, the ambiguous boundaries between the “family” and its outside, and the unsettling uncertainty of human action.

Chapter 4:

The Ephemeral Politics of Feminist Accompaniment Networks

Between 9am and 6pm Monday through Friday, two staff members, Graciela and Alma, and one part-time volunteer, “work the line” at Red Paulina. Graciela, co-director of the organization, devotes most of her energies to developing campaigns to decrease abortion stigma, and writing grant proposals. She also conducts regular meetings with sexual rights activists and policy-makers located across multiple local and transnational networks. Alma, coordinator of *acompañamiento* (accompaniment), oversees all of the activities related to Red Paulina’s contact with women from other Mexican states where abortion is criminalized, who are in search of safe and/or legal options for terminating their pregnancy. At least half of the women who contact the organization, decide to use misoprostol, a pharmaceutical pill, to have an abortion at home. In addition to giving a protocol for how to use it safely, as outlined by the World Health Organization and in light of international feminist advocacy guidelines, the Red explains that the symptoms of pharmaceutically induced abortion are indistinguishable from miscarriage, and so in the case of an emergency in which a woman might need to access a hospital, she does not need to tell the healthcare staff that she has used the pills.

The availability of misoprostol, either through international channels, or local pharmacies, is a safe way to terminate early pregnancy, and yet it involves a significant legal threat given the intensifying police-like role taken up by Mexican public healthcare

providers vis-a-vis abortion. Between 2007 and 2013, the feminist legal advocacy group GIRE documented a surge in criminal abortion cases, most of which begin with a public healthcare provider reporting a woman who comes into the hospital mid course of an abortion to the state prosecutor, often accusing her of having used misoprostol (GIRE 2013). The kind of danger that surrounds misoprostol is thus importantly different than the “botched,” “back alley” procedures that are commonly associated with clandestine abortion in Mexico and globally. Misoprostol is an abortion technology that poses minimal risk to women’s health if used within the first trimester of pregnancy,⁷¹ whose bodily application is, to a large extent, in the hands of the woman herself. Yet in an atmosphere of secrecy, fear and suspicion, in which the basic medical care that might be needed as a result of its use could at any point be punitive, many women prefer to travel to Mexico City to access legal clinics where they can obtain an aspiration abortion.

In the Red Paulina office, there is a white board on the wall where Alma writes down all of the clinical accompaniment cases for the week. Within a wobbly grid drawn with dry erase markers, she writes the woman’s first name in the left-most column, her registration number in the organizations’ online database, the number of weeks she is pregnant, the state she is travelling from, the clinic she will attend, and the volunteer who will accompany her. When an accompaniment case is finished, the woman’s name is erased from the board, signaling that the critical juncture of procuring the abortion procedure is over. Leading up to that point, whoever is working the line explores options

⁷¹ See the 2012 WHO guidelines: “Safe abortion: technical and policy guidelines for health systems”

through back and forth emails and phone conversations with the woman and the people supporting her.⁷²

“What we do is shine a little light to open the tunnel vision- in which you can’t see any alternatives / Lo que hacemos es dar luzecitos para abrir la visión de túnel- en que no veas opciones,” Graciela explained. Through phone conversations and emails that sometimes span up to three weeks, advocates try to shed light on the resources that are available in spite of overwhelming constraints, such as the legal rights and private and public abortion services in Mexico City, and the financial, emotional and logistical support offered through Red Paulina. Through the exploration of possibilities, acompañantes try to help women imagine paths of action. Aside from the day-to-day juggling of cases, Red Paulina activists envision building a long-term feminist project in which the brief encounter of facilitating access to legal abortion could enhance women’s sense of themselves as rights-bearing citizens who are capable of making decisions about their reproductive and sexual lives. But accompaniment work, as a feminist political imaginary and set of practical actions, is constrained to a very limited temporal horizon, marked by the normative tensions generated by the concurrence of legal abortion rights in Mexico City with its severe criminalization across Mexico. The contracted temporality of accompaniment reflects the duress under which women search for ways to resolve their predicaments.

⁷² In many cases, someone else wrote or called on behalf of the woman who was searching for a way to end the pregnancy, mothers, friends, male partners, or regional NGO workers who sometimes translated between Spanish and indigenous languages. Women from other countries, including the border regions of the United States and Mexico, and other countries in Latin America, also regularly contacted Red Paulina for information about safe abortion options, and support for travel to Mexico City.

El tiempo me viene encima, time is running me over

For women in situations of untenable pregnancy, the passage of time can be excruciating.⁷³ Often by the time they contact Red Paulina they have already tried other avenues for terminating their pregnancy and concrete obstacles loom larger than moral and political questions about whether it is right or wrong to make the decision. It is not that such questions are not relevant in the face of more pressing practical concerns, but rather that moral and political conflicts are embedded within particular material conditions. Phone calls are often whispered and rushed, as women use the phone at a neighbor's house, or run out of cell phone minutes without money to buy more, or fear that their parents or in-laws will overhear the conversation and throw them out of the house. Email is often the preferred mode of correspondence, if internet is accessible. More than half of the requests for help that Red Paulina receives on a daily basis arrive via email and through the registration of a "solicitud de apoyo" on the organization's website. Each day Alma sorts through between 10 and 25 new registros, grouping them according to levels of urgency and the different actions that will need to be taken in order to respond. The following is an example email of the kind Red Paulina often receives.

I just filled out a form on your webpage- my registration number is 2723. Please, I can pay you back after whatever help you give me now, please.

I've been looking for help for an abortion for awhile. Let me explain my situation, I live in Aguascalientes, I'm 30 years old with 5 and half weeks of pregnancy that I would have liked to interrupt since before; I've looked for help, some of the emails haven't been answered, others it seems like they just want the deposit or they say the pills can be altered with pesticides, that I can die, etc., the only page that seems trustworthy is the one Women on web, but the time of arrival (entrega) of their doses after making the donation is 3 to 4 weeks and the cost, even though not too much, is not possible for me right now. I would like to talk with you since I'm totally alone in this.

⁷³ Not unlike the aging body, untenable pregnancy might be felt as a conflict of perception in which one's sense of self is out of joint with one's bodily reality (Hallisey 2010, de Beauvoir 1970, Behar 1990).

Women on web gave me your information as an alternative option to travel to Mexico City, I could do it this Friday or Saturday but I urgently need information since my parents who I live with don't know and I can't take off from work since I'm not in a comfortable economic situation. That's why I need to know if I have enough or if I need to find a little more.

Please help me because time is running me over (el tiempo me viene encima) and I don't want to resort to desperate measures that put my fertility at risk or my life because I would like to have a family afterwards.

*Thank you. I wait for your quick response, please.*⁷⁴

El tiempo me viene encima, time is running me over. After accompanying hundreds of women as they figured out what to do against accumulating obstacles, the phrase is piercing. Time is an external force that threatens to overwhelm her, leading her to desperate measures that could place her life and reproductive future at risk. She is constrained not only by the illegality of abortion in Aguascalientes, but by the different temporal exigencies produced by overlapping and ambiguous jurisdictions, the binds of familial secrecy, and economic precarity.

In this chapter, I draw from my fieldwork as an abortion access advocate and conversations with long-term Red Paulina activists to examine the contracted and

⁷⁴ Acabo de llenar una solicitud en su página mi registro es el 2857. Por favor, puedo cubrir después la ayuda que me puedan brindar ahora, por favor. Llevo algún tiempo buscando ayuda para un aborto. Les platico de mi, vivo en Aguascalientes, tengo 30 años con 5 semanas y media de embarazo que quisiera interrumpir cuanto antes; he buscado ayuda, algunos correos no me son respondidos, otros parece que solo quieren el depósito o dicen que las píldoras podrían estar alteradas con pesticidas, que puedo morir, etc, la única página que parece confiable es la de Women on web, pero el tiempo de entrega de sus dosis después de hacer la donación son de 3 a 4 semanas y el costo aunque no es demasiado no me es posible cubrirlo ahora. Me gustaría platicar con ustedes ya que en esto estoy totalmente sola. En women on web me dieron los datos de usted(es) como opción alternativa para viajar a la ciudad de México, yo podría hacerlo este mismo viernes o sábado pero necesito urgentemente información, ya que mis padres, con quienes vivo no están enterados y no puedo dejar mi empleo ya que no tengo situación económicamente holgada. Por eso necesito saber si con lo que tengo me alcanza o necesito conseguir un poco más. Por favor ayúdenme porque el tiempo me viene encima y no quiero recurrir a métodos desesperados que pongan en riesgo mi fertilidad o mi vida ya que posteriormente me gustaría tener una familia. Gracias. Espero por favor su pronta respuesta.

[ephemeral temporality of accompaniment practices given this juridical-institutional landscape. In her ethnography of queer activism in India, Naisargi Dave explores the tension between activism as “ethical practice” and the “the moral and political hegemonies in the postcolonial democratic nation-state” that activists must engage (2010: 371). I take Dave’s attunement to the possibility that there might be an ethical livelihood within activist forms of relationality to be important here. She argues that queer, and especially lesbian activism, is “much more an activism of invention rather than resistance” and in the same sense, less a “social movement” and more a process of making a “radical world,” in Elizabeth Povinelli’s words (Dave 2012: 14; Povinelli 2002). Alongside a critical reading of feminist networks, and the ways they are linked to governmental discourses and institutionalized protocols, we might also ask: What is it to make a world? What distinguishes a “radical world” from the reproduction of normative, (and oftentimes unlivable) moral prescriptions?

Hannah Arendt’s theory of political action provides a compelling entry point into these questions. Arendt is often cited as a theorist of freedom and natality who envisions ethical action as our capacity to interrupt the automaticity of moral norms (Lambek 2010, Day 2010). Feminist political theorists have long debated the implicit hierarchy of masculine and feminine values in Arendt’s thinking, for in her conception of action, she cordons off bodily life from politics (Rich 1979, O’Brien 1981, Hartsock 2003, Zerilli 1995, Pitkin 1998, Dietz 1995, Benhabib 1993, Honig 1995 and 2013). Rather than rehash debates about “the body” as a feminized biological fact pushed outside Arendt’s conception of political life, I consider how her notion of the political relies on a particular

temporal imaginary of the world as durable.⁷⁵ Following this re-reading of what is at stake in Arendt's thought, I describe an accompaniment encounter in which I was haunted by its contracted temporality and the feeling that I could not know the effects of my action. In the third section, I recount how Alma describes accompaniment as a kind of affective labor caught between a feminist vision of an ever-expanding network and the actual limitations of transient and partial connections. In conclusion, I suggest that the contingency and ephemerality of accompaniment encounters, and in particular their articulation with the limits and possibilities of ethnographic inquiry, invite us to re-imagine the temporality of political action and what it is to inhabit a world.

The disappearance of the world

Various essays in Bonnie Honig's edited volume, *Feminist Interpretations of Hannah Arendt* (1995), work with Arendt's thought for contemporary feminist concerns. In that volume, Linda Zerilli argues that the Arendtian concept of the laboring body symbolizes the "loss of symbolic mastery" that is essential to Arendt's nonsovereign subject of politics (1995: 174). Seyla Benhabib emphasizes the "associationism" inherent to Arendt's thought, reconceiving the public sphere not as a bounded arena of individual rational speech, but as appearing wherever there is action in concert (1993; See also Hartsock 2003). Instead of reading feminine values of community (Benhabib) and the excess of materiality (Zerilli) into Arendtian politics, Bonnie Honig explores how the oppositional pairings of private and public, active and passive, freedom and necessity, interruption and automaticity, proliferate in an "effort to resist the erosion of a distinction

⁷⁵ Bonnie Honig critiques the recent turn to ethics in political theory as a form of "moralist humanism"- in which the vulnerability of the biological body is claimed as the basis of a (feminine) shared humanity (2013).

that is tenuous” (1995: 144). Honig’s attunement to the shifting centers of Arendt’s thought, and based on this attunement- her refusal to reinscribe a gender dualism onto Arendt’s concepts, leads her to argue that the tripartite of *vita activa*: labor, work, and action, might be best understood as rivaling sensibilities or dispositions that could potentially pluralize our understanding of the body and the unified normativity of the self (1995). Honig has since developed her sense of Arendtian agonism as an alternative to what she calls the “moralist ethical turn” in political theory (2013). In contrast to an *ethics* based on corporeal vulnerability and finitude (see Butler 2004)- Honig draws on Arendt’s thought to argue for a *politics* of natality that would counterbalance grievability with immortality, pain with pleasure. My interest in Arendt’s thought is not so much to displace finitude and suffering with positive affective orientations, but to rethink the relationship between the body and the world, taking seriously Arendt’s concern for the world as a durable construct that might mitigate our mortality. Rather than position the vulnerable body, as biological fact of life at the center of feminist politics, I suggest we need different ways of understanding the relation between bodily and social life. I therefore shift from a sense of finitude and fragility as necessary to the biological body to the concrete ways bodies and social worlds are knitted together in time (Das and Han 2016).

In the opening pages of her critique of labor society in *The Human Condition*, Arendt writes of the nightmare of “painless and effortless consumption” in which “eventually no object of the world will be safe from consumption and annihilation through consumption” (1958: 132). Positioning herself critically towards Marxist theory, she argues that having conceived of labor as the highest and most natural of human

capacities, Marx leaves us “with the rather distressing alternative between productive slavery and unproductive freedom” (1958: 125). Her argument in *The Human Condition* begins by reconfiguring labor as a property of being animal, or having a living body, rather than unique to the capacities of being human.

“Of all human activities, only labor, and neither action nor work is unending, progressing automatically in accordance with life itself and outside the range of willful decisions or humanly meaningful purposes” (1958: 126).

Labor is “automatic,” and inseparable from the natural cycles of life and death. But perhaps equally important for Arendt is the sense that labor does not produce durable objects and therefore cannot protect us from our own mortality. In this sense, the body points to the aspect of the human condition “governed by the time of mortality and [the] risk [of our] eradication” (Honig 2013: 43). Whereas some critics have read this aspect of the human condition “governed by *the time of mortality*” as “mere” biological life, I argue that the mortality Arendt fears is the disappearance of the world (See Honig 2013 and Fassin 2009). In other words, what is interesting about Arendt’s conceptualization of the laboring body, is not that she separates “bare life” from the political sphere of ‘men,’ but rather that it alerts us to the reciprocal relationship between the transience of individual life and the impetus to make a social world.

While *animal laborans* is tied to the transient cycles of life, *homo faber* erects a world of objects that mediates our relationship with nature and with one another. For Arendt the world of things protects us from eternal movement; objectivity saves us from our impermanence (1958: 157).⁷⁶ But superior even to the concrete objects of homo

⁷⁶ There are many forms of homo faber, from the utilitarian producer of use-objects who is incapable of meaning beyond instrumentalism to the artist who transcends himself.

faber, are the world-making capacities of action. The products of action are the “webs of human relationships, ...no less real than the world of things that we visibly have in common” (1958: 216).⁷⁷ In distinction to homo faber who is “master of himself and his doings,” the woman of action is not sovereign-- *she must act* even though she cannot control or even foretell the consequences. Action is therefore not collapsable into decision-making or choosing between rivaling paths or options (1977: 169). Rather, it erupts when our care for the world presents no other alternative.⁷⁸ As Bonnie Honig points out, “Arendtian action exposes us to vulnerability (if action goes awry, we may be hurt or misunderstood and, since it is collective, we are dependent on others and the good will of their “constant mutual release” (Honig 2013: 43). Importantly, the vulnerability of action is not that of the biological body, but the uncertain way our life is implicated with others.⁷⁹

Accompaniment Encounters and the Vulnerability of Action

The fleeting temporality of feminist accompaniment practices conditioned both how my fieldwork unfolded and the way I have come to think about the limits and possibilities of feminist action given the juridical and institutional uncertainty surrounding abortion regulation in Mexico. In an article on the role of photography, and more broadly, artifacts of authentic presence in anthropological claims to knowledge,

⁷⁷ Arendt goes on to distinguish her conception of the intangible web as distinct from a Marxist materialist notion of superstructure that supplements the basic material structure of the world. In other words, material structures are not more fundamental than the intangible and immaterial web of human relationships.

⁷⁸ To illustrate this point Arendt cites Shakespeare’s Brutus who makes a pact with fellow men to assassinate Julius Caesar on the grounds “*That this shall be or we will fall for it*” (Arendt 1961: 151; Shakespeare, Act 2, Scene 1).

⁷⁹ Arendt challenges the humanitarian impulse to sanctify “life” as an abstract figure that inherently calls for ethical response (See Tickten and Feldman 2010). Contemporary abortion politics shore up the limits of this Christian-Humanitarian approach to the body.

Deborah Poole suggests that there is a subversive potential of the fleeting and contingent temporality of the ethnographic encounter (2005). By approaching accompaniment as kind of “encounter,” I aim to open up a particular set of questions about the limits and possibilities of both feminist political action and the conditions of my ethnographic inquiry, as the two were knitted together in my fieldwork. I suggest that one aspect of the political potential of accompaniment, much like ethnography, lies within the ambiguous incipience of encounter.

Accompaniment straddles distinct and sometimes incommensurable horizons of action. One set of activities are oriented to a longer duration of building a feminist network, in which individual cases are interchangeable with one another and future outcomes are understood through global discourses of individual reproductive rights, freedom, and autonomy. Along these lines, Alma sends out questionnaires to women after they have received support so that they can evaluate their accompaniment experience. She then scans these questionnaires for possible sources for testimonies of the positive experience of abortion to use in de-stigmatization campaigns. She also attempts to reincorporate women into “the network” by asking those who previously received support to help facilitate another woman’s access to abortion in their state. Once a year, Red Paulina publicizes a call for volunteers who are chosen based on an extensive application. After the selection process, Alma and Graciela lead a 4-day accompaniment training. The training includes sessions with feminist lawyers who explain the legitimacy and specific limitations of Red Paulina’s work in terms of competing state jurisdictions, psychotherapists and progressive Catholic priests who do post-abortion skype sessions with women when needed, physicians who explain the

different procedures for terminating pregnancy, and previous volunteers who have continued their careers in sexual and reproductive rights advocacy. It also involves ongoing “contención” or support workshops where advocates critically reflect on their own presumptions about the experience of untenable pregnancy and the obstacles different women might face in seeking abortion. A central aim of contención is to teach volunteer advocates how to effectively respond to individual cases. This requires that the advocate is able to imagine when certain protocols come into play over others, and that she is able to build “confianza,” or trust with the woman in need, while also maintaining emotional boundaries. All advocates are given personal booklets made by Alma and Graciela that elaborately detail the accompaniment protocols. The booklets list the NGOs, clinics and hospitals across Mexico that participate in the network, as well as the contact information for lawyers, physicians, and psychologists who are available to provide expert advice to the activists. Over the six years that I worked closely with Red Paulina, volunteer advocates were mostly young women between the ages of 18 and 30, but there were also two women in their 50s, and two queer men in their early twenties who took part in the training.

For the core activists at Red Paulina, the longer duration of the network is under constant threat of dissolution. It is a struggle to maintain a longer project for various reasons, one being the extremely high “burn out” rate of volunteers. It is rare for advocates to fulfill their volunteer hours consistently for more than six months. Secondly, the availability of funding fluctuates dramatically depending on the ratio of the will of private donors to the number of women who contact the Red for help. In the past couple of years, the demand for accompaniment has greatly surpassed donor

contributions, limiting the funding available to support women's access to private clinic procedures, travel costs, food, and hotel stays in the city.

Accompaniment as encounter, in distinction from network-building, unfolds in a space-time of normative disjuncture: between competing state laws, private and public clinic regulatory frameworks, the protocols and aims of other feminist organizations, international norms and discourses, and the myriad of differences that make up the critical situation of untenable pregnancy for a particular woman. Quite often accompaniment encounters broke away from protocols due to necessity. On numerous occasions when I was already at the clinic with someone who had contacted the organization through the usual channels, I would meet other women and families in need of support. This was not unusual in the chaotic public clinic environment where situations inevitably poured out of the bounds of regulatory frameworks and limitations. There was one occasion early on in fieldwork when I encountered two women leaving the clinic in a panic because they had been denied services. The receptionist had suggested that they speak to me about their predicament, knowing I was outside waiting for one of the other patients.

The sisters had travelled from León, Guanajuato on bus the night before, arrived at the clinic and waited outside, unsure of how or where to enter until 9am. As I described in previous chapters, the entrance to the ILE clinic is around the side of the health center, while in front a pro-life stand that masquerades as official information about ILE deters women from finding the actual entrance. When the sisters finally found the entry, the doctor agreed to do an ultrasound but would not give the woman who was pregnant, named Marisol, an aspiration procedure because it was too late in the day. The

particular encounter made a lasting impression on me, maybe because I was a novice acompañante, I remember feeling completely ungrounded in the situation. It retrospect, it has come to mark for me the way that accompaniment shores up the tension between ephemerality and aspirations of durability that are central to both feminist and anthropological engagements with the world.

It was Marisol's sister who spoke, her eyes filling up with tears as she told me in a hushed voice what had happened leading up to their arrival to DF. She spoke so quickly and so under her breath that I only caught the major points: that Marisol had taken pills and vomited and so it was as though she hadn't taken them at all, that they had then gone to the hospital in León where they were told that Marisol could not have an abortion... at which point it vaguely became clear to me that she had been sexually assaulted. They had come to Mexico City under a lot of pressure and then waited in front of the health center until 9 am or so instead of coming around the back side to the ILE clinic. They had no money to pay for a room to wait until morning, not even for food. As Marisol's sister recounted the details, we sat on the bench outside the clinic, the two of them often holding hands, resting their knees against one another, and sharing a juice.

I called Alma in the office to see if the feminist network could offer support. Listening to Marisol speak to Alma I gathered that she was just my age with a similar birthday, and that her sister was younger. She was very pretty, wearing a beige fuzzy beret, but her hair looked distressed and the skin on her arm was so dry and chaffed that it was flaking off around the inner crease of her elbow. As she spoke her voice seemed flat and she stared off into the distance. *How many weeks did they tell me?* She asked

holding the phone away from her ear. 9.6, I said. *Huh?* She asked again distractedly, 9.6 I repeated, and she repeated it to Alma.

Alma gave her directions to a private clinic where she could be attended that day and Red Paulina would cover the costs. I pulled out a paper and pen and handed it to her and she wrote diagonally across the page, Metro San Lazaro, Linea 1, 8, la Rosa. It was the first time they had been to Mexico City. Marisol seemed tender and grateful towards her sister; perhaps she was relieved not to have to muster up a voice, or perhaps not to have to demonstrate her feelings. I stepped inside to let the clinic staff know they were leaving and when I came back outside they were no longer on the bench. I thought to myself, both a bit relieved and perplexed, now that they know what to do they've gone on without me. Then I saw them gathering their things against the wall of the clinic. *Ready?* I asked, *yes*, Marisol's sister answered, and we all walked out to the street to catch a pesero (informal mini-bus). The sister gave the driver 10 pesos for all of us, I tried to give her 5 pesos back but she refused.

We didn't speak during the bus ride, when we got off we awkwardly waited to cross the busy highway between the bus stop and the metro station. As they entered through the gate they turned around and asked if I would also take the metro. *Yes*, but in the other direction, I said, which was not true, but at that point I felt we should go separate ways. We hugged and kissed on the cheek, as is common practice between acquaintances. I watched them walk down the platform from above and waited until their train came and left before going down myself.

Afterwards I went home to sleep, exhausted. I awoke to the sound of a text message from Alma who let me know that Marisol had made it to the clinic and that

everything was fine, punctuated with a smiley face. My heart sped up and my thoughts began to race, what if they are in danger in León, what kind of situation are they going back to? What if they are involved in a terrible mess that this abortion doesn't come close to solving? Why didn't I ask her, why didn't I find out more? Somehow it hit me then, sharply, that Marisol must have been through something awful. With just the piecemeal information about their situation and a series of complicated and painful impressions from our encounter, I found it hard to let go. I was terrified by the sense that I would not know what could happen to her. I would not know how she is, if or when she would come out of the blank state she had been in. I wondered how old her sister was, who was now courageously taking care of her. And a sense of panic, the gnawing sense, that the "support" I facilitated was partial, superficial even, while at the same time dire and intense.

In retrospect much of the unease I felt from this accompaniment encounter stemmed from the inability to know how my actions would have effects in Marisol's world. As an organization Red Paulina works hard to generate and apply measures of self-evaluation, but oftentimes they fallout in the spontaneous interactions between women seeking support and the volunteers. There is an elaborate attempt on the part of Graciela and Alma to build accompaniment practices into a solid framework of reproductive rights, mobilizing discourses of women's empowerment through choice and autonomy, maintaining contact with women at least until two months after the accompaniment so that they can respond to a series of questions about their experience, and in the best of cases, so that the women remain part of "the network" by facilitating access to safe abortion to another woman in need. As I described in more detail above,

alongside the accompaniment activities geared towards actualizing women's right to abortion are the professionalization activities aimed at supplying volunteers and workers in the organization with the language and expertise of transnational feminism. Annelise Riles describes how global feminist networks are composed of "institutions, knowledge practices, and artifacts thereof that internally generate the effects of their own reality by reflecting on themselves" (2001:3). This is an apt description for many of the professionalization activities that the activists in Red Paulina value very highly, but at the same time Riles' narrow focus on the self-reflexivity of knowledge practices obscures all of the potentially meaningful *action* in feminist activism. Here Arendt's distinction between homo faber and "the man of action" is helpful, for as the former instrumentalizes the world while creating it, the latter is involved in the possibility of newness and the uncertain outcome of inserting oneself into webs of relationships.

But perhaps another discomfort arose from a sense that my encounter with Marisol and her sister was governed by the "time of mortality." That is to say if accompanying Marisol to a private clinic counts as political action, it could only be so within the ephemeral temporality that Arendt attributes to the laboring body in opposition to a durable world. We acted together out of necessity in the present, with no anchor in the past or continuity with the future. While the idea of the "feminist network" is the constant expansion of relationships, the accompaniment encounter actually relies on a partial connection, one that dissolves almost as quickly as it forms (See Mohanty 2003, Strathern 1991 and Pinto 2014). How might we understand accompaniment practices, and ethnography for that matter, as political, when they have no claim on worldly durability?

Normative Disjuncture

In conversations with Alma, the coordinator of acompañantes, I began to think about the world-making effects of accompaniment practices. Alma described the ethics of her work as a counselor in an ILE clinic, and later as a feminist advocate in Red Paulina, as a kind of affective labor that counters the technocratic frameworks of clinical intervention and the moral pedagogies of punishment and redemption that characterize the ILE program. Just before I returned to Baltimore after nearly two years of fieldwork, I invited Alma over to my one room apartment on the roof of an elderly woman's house to do a recorded interview. Beneath me lived a young woman from Venezuela who was carrying out some financial business in the city. She called the Señora of the house abuelita (grandma), and they often yelled back and forth to one another across the patio. My apartment was accessible only by a rickety spiral staircase, affording me a little more privacy, which I tried in vain to maintain. In the mornings, the Señora would stand beside the Poinsettia tree in the middle of the patio waiting for me to descend the stairs. If she caught me she would invite me inside for a boiled apple or a green juice made from her aloe plant to settle my stomach. Whether I felt sick or not she insisted these foods had incredible powers. On the occasions that I was caught, I listened to long stories about her life.

The L-shaped house was nestled in a maze of cobble-stoned streets between the center of Coyoacán and a major four-lane road that edges the Southern periphery of the city. The Señora would recount how the house used to be a farm when she was a little girl. *We had pear trees and where my room is now we kept pigs!* she repeated many times. Her nephew had built the room on the roof two years ago so that she could make

extra income. He'd painted the walls an earthy pink and the windows and door were covered with thick iron bars. There was a small rooftop area outside my room where Alma and I sat that day until the thunder and rain clouds became too dramatic and we had to move inside. On the interview recording you hear the wild coming and going of a heavy storm, a daily afternoon occurrence during Mexico City's rainy season that lasts from mid summer into early fall.

The interview begins with me asking Alma to recount how she started working at Red Paulina. She had joined the core group in the office six months after I began my fieldwork in 2012. Beforehand, I had known her as an important contact person at one of the clinics when I was doing volunteer accompaniment and was quite unsure of myself. She was calm and careful, and when we spoke in the clinic she redirected my nervous energy. Before working at Red Paulina, she had been an abortion counselor in one of the ILE clinics administered by MexFam, a national civil society organization that emerged in the 1970s at the height of population control policies and has since altered its central discourse to reproductive rights. MexFam is generally considered a trustworthy alternative to government clinics. It operates with sliding scale services that are accessible and familiar to women with limited financial resources. Alma described her work there as attending to the "affective part" of the abortion process in contrast to the physicians who worked like technicians.⁸⁰

⁸⁰ In her ethnography of clinical sexual assault intervention, Sameena Mulla discusses the peculiar role of forensic nurses hinged between the anticipatory structures of legal justice, and the evidentiary practices aimed at the production of legal truth, and the necessities of care-giving in the present (2014). Following Mulla's meticulous attention to the ethical tensions that emerge of forensic nursing, we might ask if care-giving involves a set of specific activities or a quality of attention necessarily oriented to the present? (See also Kittay 1999) What kind of temporal horizon would allow *a quality* of care to flourish? Mulla herself worked as a patient-advocate as she conducted her fieldwork but did not turn the advocacy role itself into an object of ethnographic inquiry. Elsewhere though she discusses the ethics of ethnographic research with victims of sexual assault (2011).

“I saw to the affective part, how she felt that the decision had impacted her relationships, domestic life, aspects having to do with work and school... because sometimes the doctors concentrated only on the procedure and doing the technical part of the process, I mean oftentimes forgetting that on the other side there is someone who is feeling what is happening in this moment, and its importance, I mean... in their life. They (the doctors) were wrapped up in that and nothing else, so we (the counselors) worked on the human part of the process”

She also said that the abortion procedures were performed in a modality of begrudging beneficence, which she connected with the way clinic doctors inflicted moral punishment.

“Sometimes I think the doctors punish a little, because of their prejudices you know, as though they are doing- as though *you made a mistake and if I’m going to help you resolve this error you made, you better give me gratitude for what I am doing, no?* I mean, I would even hear some doctors say, *not just any doctor would be willing do this, willing to deal with this issue*, so she [the patient] would have to behave just so, as though we were doing her a big favor.”

After working there for three years, Alma explained that the environment became heavy (*pesado*) and monotonous (*tedioso*), driven by quantitative goals inspired by funding sources. In addition to the pressure to do more ILE procedures, she felt that the discourse of reproductive rights that framed her counseling sessions was undermined by women’s experiences during the procedure.

“I mean to work in the counseling session with the purpose, I mean, talking with girls as though they were making a voluntary decision, as though it was legitimate, and based on their rights, and suddenly they went in with the doctor and it was... everything to the contrary... it was really frustrating... and then the clinic started to set goals, to do more and more ILEs, increase the numbers and I mean it was already the (MexFam) clinic where the most ILEs were performed, then it was increase, increase, increase the numbers and we were the same (number of) counselors, all of the weight loaded (*se cargaba*) onto us and there was no space for support (*contención*), for our own self-care, including, I mean even the basic things, you know? I mean our laboring conditions, security, health

insurance, a salary that was... dignified... I had to begin work at 8 in the morning but there was no set time for me to leave, I mean we were supposed to leave at 4 in the afternoon, but I never left at 4... So also... I think I was burning out, I mean it had become too much... and it wasn't good for me or good for the women that I attended to..."

Alma's move to work in the feminist organization was prompted by the exhaustion of her labor in the clinical setting and the way she inhabits her feminist ethics, while the goals and kind of attention she gives to women in situations of abortion is linked to her working conditions in concrete ways. I asked her how working in Red Paulina had improved her life and she responded that it had allowed her to be part of a process of empowerment.

"...to respect women's autonomy, with the idea that this experience could trigger a positive process in the woman, of empowerment, of citizen-making (ciudadanización), as though to be able to exercise this right meant to continue exercising other rights... whereas in the clinic, well I paid attention to- a little of what I was telling you before, to numeric goals... and no, I mean no, looking back on it now, well it wasn't totally respectful of women's rights... with the lack of care-- of self-care—it was too easy to impose one's own prejudices. It was also a way of obstructing the woman's decision, I mean by making it more complicated, by not making it simple"

Alma's admittance of her own failure to "totally respect woman's rights," appears almost as a mode of resistance to the pressure to achieve numerical goals in the clinic. By not "making it simple," counselors slowed down the mechanicity of clinical procedure, but in doing so they imposed their moral prejudices on women's decisions. In her work as an acompañante in Red Paulina, it wasn't that reproductive rights gained a reality that they had lacked in the clinical environment, but rather that she had found a way to sustain her virtual relationship to them. Through the feminist network, Alma was able to inhabit the awkward disjuncture between reproductive rights discourses of choice and empowerment

and the actualities of caring for women, who were oftentimes in dire situations. Alma grounded her action by paying careful attention to singular bodily and affective situations.

“The accompaniment we give is based on the principal of respecting women’s decisions. We don’t try to convince her one way or another, in this sense we have to be very attentive to what the woman says to us with her words, and to- well... to her bodily gestures too... It’s a moment in which she can exercise a right and feel that no one is doing her a favor, but it’s also necessary to acknowledge a little all of the violences she had to pass through in order to arrive to DF [Mexico City] ... a little bit to be that voice- a voice that makes those things visible.”

I asked her what counts as a successful outcome of accompaniment and she said she felt good if it seemed as though it had reduced the burden on a woman’s shoulders. Her response echoed the way she had described her own relief working in the feminist organization in contrast to the burden of working in the clinic.

“...To know that she can get rid of, in a way, or reduce the burden, by at least being able to talk in a natural way about the experience... and to help her recognize that she is capable of doing...”

Alma spoke clearly about the partiality of accompaniment in the broader context of a woman’s reproductive life, and the extent to which that life could not be known. She evoked the gap, even incommensurability, between the fantasy of sovereign action that could shape either the subjectivity of the feminist activist who acts on behalf of another, or the imaginary subject of reproductive rights who decides to terminate her pregnancy. In fact, she describes the goals of accompaniment in other terms —*to share the burden*, however temporarily. When I asked her what she thought the limits of accompaniment were, she spoke of the particularity and noninterchangeability of each woman’s situation and the contracted temporality in which accompaniment takes place.

“I guess the fact that we are only there in *this* moment... of *this* woman... and she is likely to be living a situation of violence or something that goes well beyond what we can do, but the intention of accompaniment is exactly this: to support her so that she can search for other kinds of supportive relationships, by turning to other relationships or by broadening a little bit the networks (that she already has)”

Feminist Action, Ethnography, and World-making

Lauren Berlant argues in her essay, *Slow Death (Obesity, Sovereignty, Lateral Agency)*, that “the casting of the human as most fully itself when assuming the spectacular posture of performative action” has obscured the varied political horizons of ordinary life, while at the same time provided “an alibi for hygienic governmentality” (2011: 97).⁸¹ Indeed, contemporary regimes of reproductive governance have made it difficult for feminists to articulate abortion politics without dramatizing the termination of pregnancy as an isolated event of sovereign decision-making. A view of agency in the spectacular temporality of the event of the decision circulates between biopolitical governmental logics, as well as prochoice feminist demands. At the same time, the critical situation of untenable pregnancy casts a shadow of doubt on ordinary life, in so far as it might be understood as the daily repetitions and routines that reproduce a unified normative world.

Indeed, for Arendt, as human beings we must act to interrupt the automaticity of life, and it is only through such interruption that we become *who*, rather than *what*, we are. Within this theory of action is a particular notion of the world as durable- one that

⁸¹ It thereby encourages a militaristic and melodramatic view of agency in the spectacular temporality of the event of the decision; and, in linking and inflating consciousness, intention, and decision or event, it has provided an alibi for normative governmentality and justified moralizing against inconvenient human activity (Berlant 2007).

outlasts or attenuates our mortality. For Arendt, the world is made of human artifice, the “durability” of which transcends the individual cycle of life and death as well as the smaller-scaled cycles of production and consumption.

“The only activity which corresponds strictly to the experience of worldlessness, or rather to the loss of the world that occurs in pain, is laboring, where the human body, its activity notwithstanding, is also thrown back upon itself, concentrates upon nothing but its own being alive, and remains imprisoned in its metabolism with nature without ever transcending or freeing itself from the recurring cycle of its own functioning” (1958: 135)

In this sense, bodily necessity, and more broadly, a life based on endless repetition, threatens the capacity to create a durable world. Like pain, which for Arendt is the most private of all bodily experiences, laboring throws the *body back upon itself*.⁸² Arendt implies that this condition of the body “thrown back upon itself” is a kind of imprisonment in our relation to nature, calling to mind a tension in feminist thought that either regards the reproductive cycle as an obstacle to women’s agency or as the experiential condition of feminine subjectivity (De Beauvoir 1949; Kristeva 1981; Ruddick 1989; Tronto 1993). But it might also call to mind the phenomenology of illness and affliction. How would our perspective on reproductive rights politics shift if we understood the situation of abortion as more, or at least as much akin to ordinary illness experience as to sovereign decision-making?

To sustain the durability of the world, Arendt draws a totalizing picture of the opposition between action and attachment and withdrawal and detachment- *the body thrown back upon itself*. What if the fact of our insertion into the world with others were a bit more uncertain and ambivalent? Medical anthropologists have understood the

⁸² See Elaine Scarry (1987) for a similar account of pain and the loss of a shared world.

phenomenological experience of illness as the radical narrowing one's relation to the world, echoing the entrapment of the body that Arendt fears (Kleinman 1988, Csordas 1992, Good 1992). Across her work, Veena Das has engaged with these concerns in a slightly different register in order to grasp the particular ways that ruptures in our relations with others, and with the world, are interwoven with repetition and the making of normalcy (2007a, 2009, 2012, 2015). Ethnographic inquiry allows us to hesitate before assuming the way repetition, normalization, ethical agency, and governmentality are aligned, and to seek instead the particular ways they are embedded in one another (Poole 2005, Biehl 2007, Mahmood 2004, Han 2012, Goodfellow 2015, Das 2015). Lauren Berlant makes a similar point in her analysis of the discipline of normativity. In her words: "fantasies and practices of social belonging operate imprecisely, in interaction with complicated and contradictory environments of living" (2008: 9). If we are attuned to the imprecision of social belonging, illness experience might not correspond so fully to the radical loss of the world, as though one's attachment could ever be total. Rather ordinary illness makes visible the partial disconnections that are part of our life in the world. In Das's words, illness experience might be understood to "darken" the world, or make it "a little less benign" (Das 2015: 2).⁸³ Alma's description of accompaniment suggests that situations of abortion bring to light the uncertainty and tenuousness of ordinary life. To support a woman so that she can "turn to other relationships or broaden the networks she already has" is quite a challenge given that who and what counts as supportive is never obvious and can dissolve and reform over the course of an abortion.

⁸³ Das understands "the failures of the body in relation to the failures of one's social world." The body is never entirely private and is indeed capable of "speaking" (Das and Das 2007: 69, Das 2015, See also Mol 2006). Arendt's concept of the laboring body would then be transformed from a condition of radical alienation to a condition through which the world is unmade but also re-inhabited.

In this sense, we might revise Arendt's aspiration for a durable world. In light of the conditions of and actions involved in accompaniment, the world becomes multiple and contradictory. The "webs of relationships," to return to Arendt's way of characterizing the world we have in common, could always change in character, dissolve, and reform (See Mulla 2014, Pinto 2015).

In much of her ethnographic work, Sophie Day works with an Arendtian concept of action as a way to grasp how sex workers negotiate incommensurable public and private spheres. In a context in which sex work is understood in the global language of human rights as the immoral exchange of an inalienable property of the body, she considers how sex workers establish "particular values of freedom as much as exploitation or subordination" (2010: 28). Rather than assume that they uniformly orient themselves towards a "reproductive future," Day shows how sex workers learn to "deflect shame as far as possible by turning her one self into many," becoming experts at "practices of partitioning" (2010: 299). Eventually these practices of partitioning give way to a fuller acceptance of the short-term and present-oriented freedom that sex work affords. For Day, freedom in sex work thus entails a compromise between competing ethical ideals. In exchange for a normative reproductive future, sex workers come to inhabit an alternative, albeit precarious, counter-public.

"Precarious because to transcend everyday dependencies implies death, figuratively, through the social death diagnostic of extreme dishonor, and literally, as shown by the high mortality figures in our cohort study. Precarious, because sex workers had to construct an alternative or counter-public that did not acquire the usual solidity of social processes reproduced over time, transmitted to the next generation and built into the material landscape" (Day 2010: 830).

In Day's account, Arendt's vision of action as the freedom to interrupt and begin something new is tempered by the marginal and stigmatized status of sex work. It is not that sex workers act heroically to make alternative ethical worlds, or if they do, such heroism is inseparable from the conditions of social stigma and punitive governance that pushes them to the margins of the social order and denies them a reproductive future in the first place.⁸⁴ The making of a livable world is thus bound up with the loss of some other possible world.

One could argue that feminist accompaniment networks generate alternative moral worlds or transient "counter-publics" when women find themselves on the edges of law and threatened moral stigma and the necessity of secrecy (See Fraser 1990 and Warner 2002). But where Sophie Day refers to the concept of counter-public in order to describe sex workers' eventual "non-reproductive stance towards both biological and social life," my ethnography suggests that the ephemeral temporality of the accompaniment encounter is world sustaining in the face of serious uncertainty.⁸⁵ Accompaniment encounters, perhaps like "practices of partitioning," allow women in situations of untenable pregnancy temporary exit from, and return to, "ordinary life."

Feminist theorists have considered how care, as "a politics of the ordinary," is temporally oriented to what is important in the present, in so far as the present always bears the threat of losing our common ground (Laugier 2015, Gilligan 1982, Kittay

⁸⁴ Their worlds, while sustaining their form of life and freedom, are less durable than the legally authorized and institutionalized world of heteronormativity (See Berlant and Warner 2008).

⁸⁵ I hesitate to valorize a "non-reproductive" stance as a privileged site of politics in part because it seems to reiterate a picture of political action as rupture with normativity (See Edelman 2004). Vaibhav Saria offers a very different picture of queer ethics in relation to social reproduction (2016).

1999).⁸⁶ In the context of competing juridical and medical regimes of abortion regulation, the passage of time becomes an accumulating threat to the present. *Time is running me over*, the woman wrote in her solicitude for accompaniment. Contradictory temporal exigencies threaten to overwhelm her, leading her to desperate measures that could place her life and reproductive future at risk. Making the present livable in this context is indeed a political act. Perhaps women who participate in the feminist network do not exchange a reproductive future for a feminist counter-public, but rather find a transient agency or freedom “to move themselves,” to use Alma’s words, between rivaling moral norms and dispositions. Instead of a counter-public, perhaps we could think of the creativity of feminist activism in this context as an ephemeral *counter-present*.

⁸⁶ These theorists rarely engage Arendt; feminist theories of care and agonism are normally seen as incommensurable.

Conclusion

Rosa and I had just walked up a spiral staircase overlooking a bugambilia filled patio on the way to her office in the private clinic. We had about half an hour before we would go back downstairs and meet a 38-year-old woman named Gaby in the surgical room for her abortion procedure. Gaby had come to the clinic alone, but in the moments she found free from engagement with the clinic staff, she paced the hallways speaking anxiously to her husband on her cell phone. Rosa used these breaks in the scheduled time of the clinic to write down her reflections about the counseling session. In a session that lasts between 15 minutes and an hour and a half depending on each situation, Rosa usually began by asking the woman how she felt. Sometimes she met with male partners – boyfriends and husbands, or with female members of the woman’s extended family – mothers, grandmothers, aunts, sisters and friends who waited in the clinic.

As Rosa explained to me in our short conversation between the orientation session and the abortion procedure, almost always women’s speech was “*dominated by external voices.*” Gaby, Rosa said, had mostly spoken in the voice of her daughter, as she described their everyday life together. When Rosa asked Gaby how she was feeling, she said she was sure of her decision, but also that she was hurting over it. “*Que es que te duele? (What is it that causes you pain)?*” Rosa asked in response. Gaby then told us that yesterday morning while putting on her shoes, her seven-year-old daughter revealed that she knew that mommy was pregnant, asking why she couldn’t have a brother. She told us that her neighbors had recently been talking about a common friend who was not able to have a child. Then she spoke of her own mother, and began to cry. She explained

how her mother had always urged her to have more children. In the same breath she told us how her mother's mother, Gaby's abuela, perhaps accidentally, had authorized her mother's sterilization while she was under general anesthesia after a cesarean section in the hospital. Gaby said that it was a painful memory in the family, and that only having two children was a constant reminder. Gaby's mother feared that if she died, Gaby would be alone in the world, as she would only have her brother to count on (she did not mention her father). She then inserted the point that her brother lived his life and she lived hers, suggesting that in any case they were not close.

Rosa listened and sometimes intervened, guiding Gaby towards a position in which she could make a decision. Possession of self was like a mood, indeed a grammatical tense, that had to be labored into being in the orientation room. In many instances, Rosa worked to establish a limit in Gaby's relationships. For instance, in regards to the neighbor, for whom Gaby felt guilty because she was capable of pregnancy while the neighbor was not, Rosa asked her, *"well if your neighbor was unable to have sex, would you have sex in her place?"* About Gaby's mother, Rosa asked her, *"do you really think you can repair the damage (daño) done by your abuela by having another a child?"*

We might think about the voices of Gaby's mother, grandmother, daughter, brother, and neighbor in the private clinic counseling session as expressive of the ongoing relations in which she is embedded (Han 2012). Gaby imagines her relationship to a potential child through her existing relationships to particular others. In this sense, having an abortion, or "cutting" the potential relation, brings her actual, as well as past, relationships into question, reconfiguring the distribution of attachments and perhaps

sustaining them in this reconfiguration.⁸⁷ In this sense, Rosa focused on bringing relations to light and then putting each “back into their place.” Yet as she wrote her notes about the session with Gaby, Rosa paused, “*hay algo que no alcanzo ver (there is something I can’t see)*.” She meant, I think, that naming what it was exactly that caused Gaby pain was not possible. The pain that accompanied her decision to discontinue a pregnancy, and the procedure itself, could not be explained with simple causality. It is in this spirit that I take Rosa’s memorable statement, “*Abortion is a limit situation that reveals the chaos of everyday life, of the political life of the country.*”⁸⁸

Understanding abortion as an “everyday limit situation,” poses a particular challenge to notions of normality and rupture, as imagined in legal, clinical, as well as ethnographic terms. Along these lines, anthropologists have approached the moral difficulty of abortion as a situation that throws normal life into question, such as in the context of new technologies of genetic testing that redefine the thresholds of abnormality and the domains of reproductive “choice” (Rapp 1999, Gammeltoft 2014, Ginsburg and Rapp 2016), or within tenuous attempts to mend reproductive lives in the aftermath of war and sexual violence (Mulla 2014, Mookherjee 2015). Conversely, anthropologists have studied the “normality” of maternal and infant mortality in conditions of structural violence (Scheper-Hughes 1989, Pinto 2008). Sarah Pinto articulates a tension in the ways death can be thought of in connection to modern forms of government in such contexts. On the one hand, we might consider death as that which underlies the

⁸⁷ Marilyn Strathern takes up the figure of the fetus in the mother’s womb as a paradigmatic example of an impasse within Euro-American idioms of kinship, in which no vocabulary exists to describe the fact that “mother and fetus are both separable and parts of each other” (2005: 30). In her essay, “Cutting the Network,” Strathern suggests that relations are infinitely extendable- “the concept (of network) can conjoin anything,” but that interpretation requires that this expansive potentiality to be stabilized, or “cut” in such a way that certain sets of relations become visible over others (Strathern 1996: 527).

⁸⁸ “... para mi el aborto es una situación limite, una situación que me revele el chaos de la vida cotidiana, de la vida política de este país”

possibility of biopolitics, “as that end point to the fostering or disallowing of life,” as it is unevenly distributed across zones of abandonment (Pinto 2008: 189, Das and Poole 2004, Biehl 2005, Povinelli 2011). On the other, we might see how particular horizons of death are woven into the very institutions that are supposed to be life- sustaining and maximizing (See Chaterjee et al 1998, Das and Han 2016). In this dissertation I have tried to bring the insights offered in these accounts to bear on situations of untenable pregnancy that are not necessarily framed by “new” biomedical technologies or marked by a single historical or personal event, and yet in Rosa’s words, reveal something chaotic in the folds of everyday political life. I have sought, in other words, to think about ordinary situations of abortion as a vital aspect of reproductive politics “in the crevices between the everyday and crisis” (Das and Han 2016: 41). In closing, I highlight three tentative concepts, or clusters of questions that have emerged in the process of writing with this aspiration.

Normative disjuncture

This ethnography shifts focus from rights debates as they are framed in transnational pro-choice and anti-abortion movements, to consider how competing normative claims about life (and death) are interwoven in the constitution of abortion as an object of government in the legal and political context of Mexico. With the concept of normative disjuncture, I point to the specific way that abortion regulation vacillates between the production of the “normal” and the management of life in terms of population and the juridical powers of prohibition, punishment, and exception. In chapters one and three, I examine legal debates in the Supreme Court and criminal cases

in the State of Guanajuato. Examining the former, I show how arguments for the decriminalization of abortion in Mexico have historically been presented as exceptions within the penal code under specified conditions that concern the health of the population. I argue that this route of argumentation led to the expansion of the legal circumstances under which abortion would not be punished in direct relation to the emergent objectives of family planning policy directed at poor, rural, and indigenous families. As both a continuation and departure from earlier modes of regulating abortion, the Mexico City reforms have reinvented the logic of exception with the new terminology of “Legal Interruption,” creating a normative disjuncture between the definition of pregnancy termination in Mexico City and the criminalization of abortion in the majority of Mexican states.

In the third chapter, I explore how the confluence of competing moral, juridical, and governmental frameworks of life that arise in Supreme Court debates are parsed out and experimented with in the domain of criminal law. I focus in particular on criminal cases of Homicidio en Razón de Parentesco, asking what is at stake in the state’s mobilization of this crime, rather than the crime of abortion. While feminists have struggled to expand exceptions to shift the rationality of abortion regulation from criminality to public health, the examination of these cases show how health, in its obverse form of illness or pathology, is introduced into legal reasoning in order to account for the crime. In the second and fourth chapter, I explore how the normative disjunctures generated in abortion law shape the daily practices and languages of clinical intervention in Mexico City, as well as the practices of feminist advocacy across this juridical-clinical nexus.

Temporality and Political Action

In chapters two and four, I explore the moral, ethical, and political difficulty of abortion in terms other than the individual body and sovereign decision-making. This set of questions speaks to a tension in anthropology and feminist and queer theory between an understanding of ethical-political action as a break or rupture from normativity and what I would call the labors of mending and repair. Whereas the former tendency implies a picture of normativity as constraint, the latter, considers the fragility of normativity as a form of life. For instance, Rayna Rapp's ethnography of amniocentesis provides an example of how political action might be envisioned as an agency that emerges against, or in spite of, normative constraint (1999). Rapp attends to the particular words and phrases women use to describe their experience of decision-making after receiving a diagnosis that signals the possibility of genetic abnormality and what is clinically configured as a high-risk pregnancy. She explores the incommensurabilities between women's languages of grief for the loss of wanted pregnancy and clinical languages of "reproductive choice." Finding other women who have had similar experiences and developing a shared language for grief constitutes a new political community. In this regard, Rapp suggests that women, as consumers of new reproductive technologies, are "moral pioneers- at once conscripts to techno-scientific regimes of quality control and normalization, and explorers of the ethical territory it produces" (1999: 306).

As Veena Das has pointed out, the difference between what is sayable in everyday life and what remains unarticulated can mark the limit of what is recognizably human. Her ethnographic work on the domestic and sexual violence of the Partition of India

suggests that far from demanding to be spoken, endurance might demand silence, “so that ordinary life can continue, or begin again, amid the rubble that violence has created” (Reader 2007: 598). I take Rapp’s notion of the unsayability of grief in the clinical context as an occasion of *pioneering*, and Das’s understanding of unsayability as a mode of *endurance* to suggest different temporal and affective registers of the political.

This dissertation dwells in the tension between these different registers. In chapter two, I explore how women find a temporary community in shared expressions of pain in the public clinic. I suggest that women in the public clinic are intensely, however fleetingly, involved in a collective body-in-pain, that dissolves as they return to their waiting families and walk away. By attending to how pain temporarily constitutes an embodied sociality among patients, I give a picture of neither total subjectivization, nor resistance, but an ephemeral affective intensity through which women confront the routinized violence of the clinic.

In chapter four, I grapple with the fleeting temporality of feminist accompaniment networks and how they might have lasting or durable effects in the world. Here the ethnography speaks to a tension between theories of action that emphasize the *world-sustaining* activities of care (Kittay 1999, Tronto 1993, Laugier 2015) and those that emphasize the *world-making* potential of interruption (Arendt 1958, Honig 2014). Focusing on how feminist advocates and women in situations of abortion navigate competing normative demands that threaten to overwhelm the possibility of action in the present, the chapter speaks to queer theorists and anthropologists who have explored how “worldly attachments” made in the margins of durable social institutions, such as

heteronormativity, might be fleeting but nevertheless world-sustaining (Warner and Berlant 1998, Day 2010, Saria 2016, Das and Han 2016).

Ethnography and Feminist Advocacy

Finally, this dissertation contributes to anthropological understandings of the politics of ethnography within and alongside the negotiation of state institutions and the “parainfrastructures” and assemblages of government (Biehl 2013). Drawing on a long tradition of thought in anthropology about the limits and possibilities of ethnographic inquiry as a political practice, I understand the radical potential of ethnography less as a claim to “authentic experience,” and more as a conceptual and methodological shift away from “the romance of resistance,” towards historically grounded “diagnostics of power” (Abu-Lughod 1990, Poole 2006). This shift implies a redefinition of what counts as the political. In this sense, my ethnography explores both how particular legal paradigms and governmental objectivities shape accompaniment practices on the ground (Riles 2001, Merry 2006, Speed 2006a), as well as the political potential of encounter, as both ethnographic method and as a constitutive condition of feminist action that resists being scaled up to formalized knowledge practices and protocols of intervention.

Perhaps the connections between feminist advocates, myself as ethnographer, and women in situations of abortion might be described as “collective action by noncollective actors” rather than organized feminist resistance or collaborative research (Bayat 2010: 19). As I describe in the introduction and chapters two and four, accompaniment practices are constituted by brief encounters with women in situations of untenable pregnancy. These encounters are marked by particular temporal exigencies as well as

race, class and socioeconomic differences that challenge a sense of lasting collective solidarity. *Time is running me over*, a woman writes in her solicitude for accompaniment from the feminist network. In the context of competing juridical and medical regimes of abortion regulation, in which the passage of time may be an accumulating threat to the present. In their introduction to the compendium, *Living and Dying in the Contemporary World*, Veena Das and Clara Han revisit to George Canguilhem's concept of biological normativity to think about the mutual imbrication biological and social life (2016). In his influential essays in *Knowledge and Life* (2008) and *The Normal and the Pathological* (1978), Canguilhem argues that health depends on the organism's ability to create new norms adequate to the perpetually changing environment or milieu. In his words, "health is a certain latitude, a certain play in the norms of life... man is truly healthy when he is capable of several norms, when he is more than normal" (2008: 132). Following Canguilhem's line of thought, we could say that freedom is not an absolute value that emerges in the interruption of, or liberation from, the necessities of the body, but rather inheres in the capacity to move between normative milieus. Perhaps women who participate in the feminist network do not exchange a reproductive future for a feminist counter-public, but rather find a fleeting capacity "to move themselves," to use Alma's words.

Appendix A

1

Muchas gracias por responder este cuestionario, tus respuestas van a contribuir a un mayor entendimiento de las experiencias de las mujeres en situación de aborto. Todo lo que compartas aquí será utilizado con fines meramente estadísticos y cualquier información personal será absolutamente confidencial. No necesitas incluir ninguna información que pudiera identificarte, como tu nombre, dirección, o los nombres de personas cercanas, etc.

Edad: 22

Estado y ciudad o población de residencia: México D.F.

Número de embarazos: 3

Número de hijos: 2

Nivel de educación: Secundaria

Ocupación: Estudiante

O

¿Pertences a un etnia? ¿Cuál? No

¿Tienes recursos económicos suficientes para mantener tus necesidades?

No

Si no, ¿con que frecuencia has tenido dificultades económicas?

- a. algunas veces
- b. constantemente
- c. antes, pero ya no
- d. casi me ha pasado, pero lo he evitado

¿Estás económicamente responsable por personas cercanas de ti?

Si

¿Quién en tu casa ayuda con el mantenimiento de tu calidad de vida y cómo?

Mis padres y mi mamá

¿Cómo te enteraste de los servicios de la clínica?

Una amiga

¿Habías acudido a un servicio de la Interrupción Legal del Embarazo (ILE) antes? ¿En dónde? ¿Cómo te fue?

No

¿Habías realizado un aborto antes? ¿Con qué método?

No

¿Cómo vas a realizar el procedimiento de hoy, con medicamentos o con aspiración?

Medicamentos

En referencia a este embarazo, ¿habías intentado interrumpirlo antes de llegar a la clínica? ¿Con qué método?

No

¿Qué entiendes de la ley que despenaliza el aborto en el DF?

que esta bien si hay motivos para hacerlo

6

Muchas gracias por responder este cuestionario, tus respuestas van a contribuir a un mayor entendimiento de las experiencias de las mujeres en situación de aborto. Todo lo que compartas aquí será utilizado con fines meramente estadísticos y cualquier información personal será absolutamente confidencial. No necesitas incluir ninguna información que pudiera identificarte, como tu nombre, dirección, o los nombres de personas cercanas, etc.

Edad: 33

Estado y ciudad o población de residencia: Iztapalapa

Número de embarazos: 2

Número de hijos: 1

Religión: Católica

Nivel de educación formal: Trunca

Ocupación: Comerciante

¿Pertences a un etnia? ¿Cuál? NO

¿Tienes recursos económicos suficientes para mantener tus necesidades?

NO

~~ntamente~~

Si no, ¿con que frecuencia has tenido dificultades económicas?

- a. algunas veces
- b. consta
- c. antes, pero ya no
- d. casi me ha pasado, pero lo he evitado

¿Estás económicamente responsable por personas cercanas de ti?

NO

¿Quién en tu casa ayuda con el mantenimiento de tu calidad de vida y cómo?

Yo y vendo de todo.

¿Cómo te enteraste de los servicios de la clínica?

Por internet.

¿Habías acudido a un servicio de la Interrupción Legal del Embarazo (ILE) antes? ¿En dónde? ¿Cómo te fue?

NO

¿Habías realizado un aborto antes? ¿Con qué método?

NO

¿Cómo vas a realizar el procedimiento de hoy, con medicamentos o con aspiración?

Medicamento

En referenciaa este embarazo, ¿habías intentado a interrumpirlo antes de llegar a la clínica? ¿Con que método?

Si en particular pero no tenia el dinero

¿Qué entiendes de la ley que despenaliza el aborto en el DF?

Poco que es una ley-legal.

Si no vives en el DF, sabes qué dice la ley sobre aborto en tu estado?

¿Tienes seguro popular?

CAPTIVIDAD

¿Habías ido al ginecólogo antes? ¿Con que frecuencia y para qué?

NO

¿Cómo son tus experiencias con los centros de salud y con los médicos en general?

La verdad son muy buenos y atentos.

¿Has ido a la hospital para un aborto espontáneo? ¿Cómo fue tu experiencia?

NO

¿Hoy vienes acompañada de alguien? ¿De quién? ¿Te sientes bien apoyada de esa persona?

~~Vivo sola~~ SI mi tía si me siento apoyada

Si nadie te acompaña, ¿hay alguien que está al pendiente?

¿En que tipo de relación ocurrió el embarazo?

Con mi supuesto novia pero como era separado ya tenía el 3
y no quiso mas hijos y se fue.

¿Cómo te sientes ahora? ¿Cual es la emoción más fuerte que tienes antes de la situación?

Mucha tristeza porque realmente lo amaba y
desilucion x el.

¿Que te preocupe más antes del procedimiento?

Que si lo tenía como lo iba a mantener.

¿Quieres añadir algo sobre tus pensamientos o percepción de los servicios del ILE?

Si me preocupa que me pierda algo o me desangre
y como mi hija depende de mi eso me da miedo.

¿Estarías dispuesta a ser entrevistada sobre tus pensamientos y experiencias después de tu procedimiento? Podría ser en cualquier lugar y hora que sea conveniente, confidencial y seguro para ti.

Si estás interesada, deja tu correo electrónico o número de teléfono aquí y te contactaré o escribeme al correo electrónico de .

Muchas gracias de nuevo.

Muchas gracias por responder este cuestionario, tus respuestas van a contribuir a un mayor entendimiento de las experiencias de las mujeres en situación de aborto. Todo lo que compartas aquí será utilizado con fines meramente estadísticos y cualquier información personal será absolutamente confidencial. No necesitas incluir ninguna información que pudiera identificarte, como tu nombre, dirección, o los nombres de personas cercanas, etc.

Edad: 14 años

Estado y ciudad o población de residencia:

Número de embarazos: 1

Número de hijos: 0

Religión: Católica

Nivel de educación formal: Secundaria

Ocupación: Estudiante

¿Pertences a un etnia? ¿Cuál?

No

¿Tienes recursos económicos suficientes para mantener tus necesidades?

Si

Si no, ¿con que frecuencia has tenido dificultades económicas?

- a. algunas veces
- b. constantemente
- c. antes, pero ya no
- d. casi me ha pasado, pero lo he evitado

> Ninguna

¿Estás económicamente responsable por personas cercanas de ti?

Si

¿Quién en tu casa ayuda con el mantenimiento de tu calidad de vida y cómo?

Mi mamá y mi tía.

¿Cómo te enteraste de los servicios de la clínica?

Por mi padrino que trabado ahí

¿Habías acudido a un servicio de la Interrupción Legal del Embarazo (ILE) antes? ¿En dónde? ¿Cómo te fue?

No

¿Habías realizado un aborto antes? ¿Con qué método?

No

¿Cómo vas a realizar el procedimiento de hoy, con medicamentos o con aspiración?

con medicamento

En referenciaa este embarazo, ¿habías intentado a interrumpirlo antes de llegar a la clínica? ¿Con que método?

No

¿Qué entiendes de la ley que despenaliza el aborto en el DF?

Que gracias a esa ley
pueden ayudar a muchas
niñas

Si no vives en el DF, sabes qué dice la ley sobre aborto en tu estado?

Si

¿Tienes seguro popular?

No

¿Habías ido al ginecólogo antes? ¿Con que frecuencia y para qué?

No

¿Cómo son tus experiencias con los centros de salud y con los médicos en general?

No muy comunes ni normales

¿Has ido a la hospital para un aborto espontáneo? ¿Cómo fue tu experiencia?

No

¿Hoy vienes acompañada de alguien? ¿De quién? ¿Te sientes bien apoyada de esa persona?

De mi familia y si me apollan

Si nadie te acompaña, ¿hay alguien que está al pendiente?

Si hay alguien al pendiente de mí

¿En que tipo de relación ocurrió el embarazo?

Sexual

¿Cómo te sientes ahora? ¿Cual es la emoción más fuerte que tienes antes de la situación?

Aterror por que no lo quiero tener

¿Que te preocupe más antes del procedimiento?

Que todavía lo tenga

¿Quieres añadir algo sobre tus pensamientos o percepción de los servicios del ILE?

No gracias Esto gamas lo voy
avolver o ser quedar embarazada.

¿Estarías dispuesta a ser entrevistada sobre tus pensamientos y experiencias después de tu procedimiento? Podría ser en cualquier lugar y hora que sea conveniente, confidencial y seguro para ti.

Si

Si estás interesada, deja tu correo electrónico o número de teléfono aquí y te contactaré o escribeme al correo electrónico de F.

Muchas gracias de nuevo.

Gracias a ustedes

Cuidence Mucha

M

M

Muchas gracias por responder este cuestionario, tus respuestas van a contribuir a un mayor entendimiento de las experiencias de las mujeres en situación de aborto. Todo lo que compartas aquí será utilizado con fines meramente estadísticos y cualquier información personal será absolutamente confidencial. No necesitas incluir ninguna información que pudiera identificarte, como tu nombre, dirección, o los nombres de personas cercanas, etc.

Edad: 26

Estado y ciudad o población de residencia: Edo Mex

Número de embarazos: 2

Número de hijos: 1

Religión: Católica

Nivel de educación formal: Licenciatura

Ocupación: Empleada

¿Pertences a un etnia? ¿Cuál?

No

¿Tienes recursos económicos suficientes para mantener tus necesidades?

No

Si no, ¿con qué frecuencia has tenido dificultades económicas?

- a. algunas veces
- b. constantemente
- c. antes, pero ya no
- d. casi me ha pasado, pero lo he evitado

¿Estás económicamente responsable por personas cercanas de ti?

Si

¿Quién en tu casa ayuda con el mantenimiento de tu calidad de vida y cómo?

Mi papá

¿Cómo te enteraste de los servicios de la clínica?

Me trajo una amiga

¿Habías acudido a un servicio de la Interrupción Legal del Embarazo (ILE) antes? ¿En dónde? ¿Cómo te fue?

No

¿Habías realizado un aborto antes? ¿Con qué método?

No

¿Cómo vas a realizar el procedimiento de hoy, con medicamentos o con aspiración?

Medicamento

En referencia a este embarazo, ¿habías intentado interrumpirlo antes de llegar a la clínica? ¿Con qué método?

No

¿Qué entiendes de la ley que despenaliza el aborto en el DF?

Permite a las mujeres a decidir sobre su sexualidad, sobre poder interrumpir para poder sobrellevar una vida.

Si no vives en el DF, sabes qué dice la ley sobre aborto en tu estado?

Esta prohibida o

¿Tienes seguro popular?

No

¿Habías ido al ginecólogo antes? ¿Con que frecuencia y para qué?

Si, semestral

¿Cómo son tus experiencias con los centros de salud y con los médicos en general?

Buena

¿Has ido a la hospital para un aborto espontáneo? ¿Cómo fue tu experiencia?

NO

¿Hoy vienes acompañada de alguien? ¿De quién? ¿Te sientes bien apoyada de esa persona?

Si, pareja, Si

Si nadie te acompaña, ¿hay alguien que está al pendiente?

Si

¿En que tipo de relación ocurrió el embarazo?

Formal

¿Cómo te sientes ahora? ¿Cual es la emoción más fuerte que tienes antes de la situación?

Culpa

¿Que te preocupe más antes del procedimiento?

Los riesgos

¿Quieres añadir algo sobre tus pensamientos o percepción de los servicios del ILE?

No

¿Estarías dispuesta a ser entrevistada sobre tus pensamientos y experiencias después de tu procedimiento? Podría ser en cualquier lugar y hora que sea conveniente, confidencial y seguro para ti.

Si estás interesada, deja tu correo electrónico o número de teléfono aquí y te contactaré o escribeme al correo electrónico de I'

Muchas gracias de nuevo.

Appendix E

Excerpts of Testimonies in Original Spanish in order in which they appear in Chapter 3

“Soy enfermera del Centro de Salud de la comunidad, esto desde el año 1979, hace aproximadamente 29 años, por tal motivo conozco a la mayoría de las personas que viven en la comunidad, al demás de algunas personas de 29 comunidades que estan alrededor de la comunidad ya que por lo regular van a consulta al Centro de Salud, y además de que como referí en mis generales vivo en dicha comunidad, y es por lo que me doy cuenta que Maria Eugenia a quien conozco desde toda la vida ya que ella nacio en la comunidad y tiene aproximadamente como unos 22 aproximadamente y además de que ...”

“Yo veía a Vale que se vestía con ropa algo ajustada, no muy pegada, pero utilizaba pantalones de mesclilla y blusas un poco ajustadas y yo supe que Vale tenía novio quien vive en la comunidad y se llama JUAN PABLO, y que se que eran novios pero a finales del mes de diciembre 2007, este Juan Pablo ya no iba a ver a Vale a la casa, por lo que me supuse que se habían dejado, desconociendo el motivo por el cual se dejarían... y fue en el mes de diciembre sin recordar la fecha exacta que yo empecé a ver a Vale un poco más gordita...”

“...y del primer embarazo que tuvo Vale, yo no me di cuenta hasta que tenía como unos cinco meses de embarazo, ya que se veía normal gordita como últimamente, y además de que la gente de la comunidad decía que Vale estaba embarazada, y fue hasta entonces que la mamá de Vale se entero que ella estaba embarazada, y supe que si regañó mucho a Vale, y hasta que la mamá de Vale lloró, pero como no estaba la papá de Vale porque estaba en Estados Unidos no supe como reaccionaría él, sino cuando llegó al rancho el papá de Vale si la ha estado apoyando y ella tiene los apellidos ...ya que el papá de ella no la reconoció...”

“... yo me di cuenta de que Vale andaba con unos muchachos de ahí en la comunidad... y sin recordar la fecha exacta pero fue hace aproximadamente como un año en Valentina y yo comenzamos a tener relaciones sexuales, y nos veíamos aproximadamente cada mes, y teníamos relaciones sexuales en mi carro y me di cuenta que durante este tiempo Valentina andaba con un muchacho de ahí del rancho de nombre GERARDO, y yo sé esto porque como lo referí yo vivo cerca de su casa de Valentina y siempre la veía con éste muchacho afuera de su casa como hasta las 12:00 de la noche, incluso como mi niña en ocasiones estaba afuera con ella y yo le comente a Valentina que no estaba bien que ella estuviera tan noche afuera de su casa...”

“... yo si noté que Valentina estaba embarazada, ya que como Valentina es delgada se le empezó a notar que su vientre le crecía, y la cara se le empezó a manchar de paño un poquito, pero yo nunca pregunté a Valentina si estaba embarazada, ni ella me dijo tampoco nada, y por comentarios de la gente de la comunidad, sin poder precisar quien exactamente, escuche el rumor de que Valentina estaba embarazada...”

“Es importante reconocer cualquier motivación, decisión o acción de un ser humano conllevaba a una base psicológica, y en el caso de la valorada se observa que existe una

estructura de personalidad con características primitivas, es decir que presentan inmadurez, pobre red de apoyo emocional, pobres mecanismos defensivos en los que no se hace responsable de sus decisiones y responsabiliza a los demás de sus actos y de sus resultados, sin comprometerse en ella misma. Aun cuando la valorada muestra estas características individuales, ella es una persona con la capacidad de elegir, de tomar sus propias decisiones, pues no se encuentra capacitada para hacerlo, y en ocasiones cuando toma decisiones lo hace de una manera impulsiva y poco asertiva, sin considerar los resultados o riesgos que implica dicha decisión. La violencia conyugal que se daba en su relación con RODRIGO es otro elemento que interviene en su estado emocional, pues siendo una persona dependiente, no encuentra en la relación el soporte y seguridad que busca en una pareja, eligiendo en una manera impulsiva involucrarse con otra persona, pues ella siente que lo que no tenga en su casa lo tiene que buscar afuera de ella, como lo realizó ser infiel con JUVENTINO.”

“Como la procesada vivía con los suegros, decide guardar en secreto su embarazo, por lo que no acude a control del mismo con facultativo y al presentarse el parto prematuro tampoco acude a recibir la atención médica, por lo que ella misma deja progresar el trabajo de parto y expulsa al producto de la concepción sola y con las consecuencias inherentes a ese tipo de parto, es decir, en otras palabras, a la buena de Dios... vale la pena mencionar que el trabajo de parto, en condiciones normales requiere de una atención o asistencia y que las mujeres no poseen el instinto de preservación de la especie como el resto de los mamíferos... estas características no las posee una mujer y más ahora en la actualidad, por lo que se ha de menester contar con una atención adecuada y cada vez más del tipo profesional y en sitios adecuados.”

Appendix F

13/14 marzo → 15/ene/82

soltera estudiante Univ. Cemento 1er emb
Octopon Hidalgo

FORMATO PARA

La información contenida en este formato es confidencial. Solamente las personas involucradas en tu caso tenemos acceso a ella. Es posible que usemos la información estadística para desarrollar informes pero nunca mencionaremos tu nombre ni las características personales.

Pedimos que sea la mujer que requiere el servicio la que conteste a las siguientes preguntas de la manera más concreta posible para que podamos identificar cuáles son las necesidades que tiene y cómo podemos apoyarla para que las solucionemos juntas.

→ Falta Motel!

1. Nombre o alias con el que te quieras identificar durante el proceso: Santa Rosa Ceiba Cruz 72/10/82

2. Teléfono y horas en las que te podemos llamar (incluye lada local) 751496 7pm

☐ No quiero que me llamen por teléfono

3. Correo en el que te podemos contactar 8 semanas

☐ No quiero que me escriban por correo

4. ¿Cómo prefieres que nos comuniquemos contigo? ¿A qué horas? Sangre ⊕

5. Fecha de nacimiento: 26/05/84 / 02/NOV/74 1er emb

Edad (programar automático) 4gs

6. Lugar de nacimiento (ciudad y estado) Coahuila católica

7. Lugar de residencia (ciudad, estado, delegación o municipio y colonia) IZTAPALUCA EDO MEX segunda

8. ¿Pertenece a alguna etnia? Prepa.

a) Si, especifica _____ negro

b) No no planeado

17 cemento

NO CUBI

NO INTER

16. ¿Tienes hijos/as?

a) Si, especifica cuántos/as 1 hijo 2 1/2

b) No 6 hijos

17. ¿Cuándo fue el primer día de sangrado de la última menstruación?

13/abr (día y mes)

28/abr

sta

7 semanas

Semanas de Gestación 9

18. ¿Te has hecho una prueba de embarazo recientemente?

2 pruebas

a) Si, especifica cuál (sangre orina, ultrasonido), cuándo y el resultado Sangre y orina

b) No

19. ¿El embarazo ocurrió dentro de una relación de pareja estable?

a) Si

b) No X

X movida si, pero ya no

20. ¿Tu pareja te está apoyando?

a) Si, especifica cómo X

b) No X

21. ¿Eres menor de edad?

a) Si

b) No X

21. A (SOLO PARA MENORES DE EDAD) ¿Tu padre, madre y/o tutor saben que quieres interrumpir el embarazo? o ¿algún familiar?

a) Si, especifica quien

b) No

21. B (SOLO PARA MENORES DE) ¿Tu padre, madre y/o tutor te están apoyando? ¿algún familiar?

a) Si, especifica cómo X

b) No

22. Explica por favor las razones por las que consideras que necesitas el apoyo

\$ Psicológico → PSD

\$

Bibliography

- Abadia-Barrero, Caesar. "Neoliberal Justice and the Transformation of the Moral: The Privatization of the Right to Health Care in Colombia." *Medical Anthropology Quarterly*. 2016.
- Abu-Lughod, Lila. "Can there be a Feminist Ethnography?" *Women and Performance: A Journal of Feminist Theory*, Vol. 5 (1990).
- Agamben, Giorgio. *The State of Exception*, trans. Kevin Attell. University of Chicago Press. 2005.
- Agamben, Giorgio. 2004. An Interview with Giorgio Agamben, by Ulrich Raulff. *German Law Journal*. 2004.
- Agudo Sanchiz, Alejandro. *Una etnografía de la administración de la pobreza*. Universidad Iberoamericana. 2015.
- Alonso, Ana Maria. "Rationalizing Patriarchy: Gender, Domestic Violence, and Law in Mexico." *Identities*, Vol.2 (1995). 29-47.
- Alonso, Ana Maria. "Conforming Disconformity: Mestizaje, Hybridity and the Aesthetics of Mexican Nationalism." *Cultural Anthropology* (2012).
- Alvarez, Sonia. "Advocating Feminism: The Latin American NGO Boom." *International Journal of Politics*. Vol. 1. Issue 2 (1999).
- Alvarez, Sonia. "Beyond NGO-ization?: Reflections from Latin America" *Development*, Vol. 52 (2009).
- Alvarez, Sonia and Arturo Escobar. *The Making of Social Movements in Latin America*. Westview Press. 1992.

- Amuchástegui, Ana and Edith Flores. "Women's Interpretations of the Right to Legal Abortion in Mexico City: Citizenship, Experience and Clientalism." *Citizenship Studies*. Vol.17. No. 8 (2013).
- Appadurai, Arjun and James Holston. Introduction to *Cities and Citizenship*, ed, James Holston. Duke University Press. 1999.
- Arendt, Hannah. *The Human Condition*. University of Chicago Press. 1958.
- Arendt, Hannah. "What is Freedom?" in *Between Past and Future*. Penguin Books. 1961.
- Aretxaga, Begoña. "Dirty Protest: Symbolic Overdetermination and Gender in Northern Ireland Ethnic Violence." *Ethos* (1995).
- Aretxaga, Begoña. *Shattering Silence: Women, Nationalism and Political Subjectivity in Northern Ireland*. Princeton University Press. 1997.
- Aretxaga, Begoña. "Maddening states." *Annual review of anthropology*, 2003.
- Asad, Talal. "Thinking about Agency and Pain," in *Formations of the Secular: Christianity, Islam, and Modernity*. Stanford University Press. 2003.
- Azuela, Antonio. "Mexico City: The City and its Law in Eight Episodes, 1940-2005," in *Law and the City*, ed, Andreas Philippopoulos-Mihalopoulos. Routledge-Cavendish. 2007.
- Baitenmann, Helga, Victoria Chenaut, and Ann Varley, eds, *Decoding Gender: Law and Practice in Contemporary Mexico*. Rutgers University Press. 2007.
- Balboa, Juan. "Rechaza el papa Benedicto XVI despenalización del aborto en DF." *La Jornada*. 2007.
- Bayat, Asef. *Life as Politics: How Ordinary People Change the Middle East*. Amsterdam University Press. 2010.

- Behar, Ruth. *Translated Woman: Crossing the Border with Esperanza's Story*. Beacon Press. 1993.
- Behar, Ruth. "The Body in the Woman, the Story in the Woman: A Book Review and Personal Essay". *Michigan Quarterly Review* 29 (1990).
- Benhabib, Seyla. "Feminist Theory and Arendt's Concept of Public Space." *History of the Human Sciences* (1993).
- Benton, Lauren. "Colonial Law and Cultural Difference: Jurisdictional Politics and the Formation of the Colonial State." *Comparative Studies in Society and History*, Vol. 41 (1999).
- Berlant, Lauren. *The Female Complaint: The Unfinished Business of Sentimentality in American Culture*. Duke University Press. 2008.
- Berlant, Lauren. "Slow Death (Obesity, Sovereignty, Lateral Agency)", in: *Cruel Optimism*. Duke University Press. 2011.
- Berlant, Lauren, and Michael Warner. "Sex in Public." *Critical inquiry* 24.2 (1998).
- Biehl, Joao. *Vita: Life in a Zone of Social Abandonment*. University of California Press. 2005.
- Biehl, Joao. *Will to Live: AIDS Therapies and the Politics of Survival*. Princeton University Press. 2007.
- Biehl, Joao. "The Judicialization of Biopolitics: Claiming the Right to Pharmaceuticals in Brazilian Courts." *American Ethnologist*. 2013a.
- Biehl, Joao. "Ethnography in the Way of Theory." *Cultural Anthropology*. 2013b.
- Biehl, Joao and Amy Moran-Thomas. "Symptom: Subjectivities, Social Ills, Technologies." *Annual Review of Anthropology*, Vol. 38 (2009).

- Bliss, Katherine. "The Science of Redemption: Syphilis, Sexual Promiscuity, and Reformism in Revolutionary Mexico City", *Hispanic American Historical Review* (79) 1. pp. 1-40 (1999).
- Blum, Anne. *Domestic Economies: Family, Work, and Welfare in Mexico City, 1884-1943*. University of Nebraska Press. 2009.
- Borgmann, Lauren. "In Abortion Litigation, It's the Facts That Matter." *Harvard Law Review Forum* 149 (2014).
- Borneman, John and Abdellah Hammoudi. Introduction to *Being There: The Fieldwork Encounter and the Making of Truth*. University of California Press. 2009.
- Briggs, Laura. PhD. "Discourses of 'Forced Sterilization' in Puerto Rico: The Problem With the Speaking Subaltern." *A Journal of Feminist Cultural Studies*. 1998.
- Briggs, Laura. *Reproducing Empire: Race, Sex, Science and U.S. Imperialism in Puerto Rico*. University of California Press. 2002.
- Briggs, Charles and Clara Mantini-Briggs. "'Bad Mothers' and the Threat to Civil Society: Race, Cultural Reasoning, and the Institutionalization of Social Inequality in a Venezuelan Infanticide Trial." *Law and Social Inquiry*. 2000.
- Brown, Wendy. "In the Folds of Our Own Discourse: The Pleasures and Freedoms of Silence." *The University of Chicago Law School Roundtable*. 1996.
- Butler, Judith. *Precarious Life: The Powers of Mourning and Violence*. Verso. 2004.
- Canguilhem, George. *The Normal and the Pathological*. New York: Zone Books. 1978.
- Canguilhem, Georges. *Knowledge of Life*. trans. Paola Marrati, Daniela Ginsburg and Todd Meyers New York: Fordham University Press. 2008.
- Campos, Dunia y Ofelia Bastida. "Violencia obstétrica: denuncias antes la CIDH, in

- Animal Politico, www.AnimalPolitico.com/blogueros-punto.gire/2014/03/31
- Cano, Gabriela. "Ciudadania y sufragio femenino: el discurso igualitario de Lazaro Cardenas". In *Miradas Femenistas sobre las Mexicanas del siglo xx*.
- Carillo, Héctor. "Imagining Modernity: Sexuality, Policy and Social Change in Mexico." *Sexuality Research and Policy*, Vol. 4 (2007).
- Carsten, Janet. "Constitutive Knowledge: Tracing Trajectories of Information in New Contexts of Relatedness." *Anthropological Quarterly* 80 (2): 403-26. 2007.
- Castro, Roberto, and Joaquina Erviti. "Violations of reproductive rights during hospital births in Mexico." *Health and human rights*, 2003.
- Christoffersen-Debb, Astrid. "Viability: A Cultural Calculus of Personhood at the Beginnings of Life." *Medical Anthropology Quarterly* (2012).
- Cohen, Lawrence. "Operability: Surgery at the Margins of the State," in *Anthropology in the Margins of the State*. Veena Das and Deborah Poole(eds). SAR Press. 2004.
- Cohen, Lawrence. "Where it Hurts: Indian Material for an Ethics of Organ Transplantation." *Zygon*. Vol. 38. No. 3 (2003).
- Collier, Jane. *Law and Social Change in a Zinacantan Village*. Stanford Univ. Press. 1973.
- Comaroff, John and Jean Comaroff. Introduction to *Law and Disorder in the Postcolony*. University of Chicago Press. 2006.
- Comisión Nacional de los Derechos Humanos. "Demanda de la acción de inconstitucionalidad 146/2007: Derecho a la vida del producto de la concepción," presentada ante la Suprema Corte de Justicia de la Nación el 24 de mayo de 2007.

- Constable, Mariane. *Just Silences: The Limits and Possibilities of Modern Law*. Princeton University Press. 2005.
- Cook, Rebecca, Joanna Erdman and Bernard Dickens, eds. *Abortion Law in Transnational Perspective*. University of Pennsylvania Press. 2014.
- Cooper, Amy. "The Doctor's Political Body: Doctor-patient Interactions and Sociopolitical Belonging in Venezuelan State Clinics." *American Ethnologist*, 2015.
- Cornell, Drucilla. *The Imaginary Domain: Abortion, Pornography and Sexual Harassment*. Routledge. 1995.
- Craig, Raymond. *Cartographic Mexico: A History of State Fixations and Fugitive Landscapes*. Cornell University Press. 2004.
- Cruz Sánchez, Veronica. "Fin de una década de la criminalización por aborto contra mujeres pobres en Guanajuato." *Debate Feminista*. Vol. 43 (2011).
- Csordas, Thomas. "The Affliction of Martin: Religious, Clinical and Phenomenological Meaning in a Case of Demonic Oppression," in *Ethnopsychiatry*. ed. Atwood Gaines. State University of New York Press. 1992.
- Culbert, Jennifer. "Beyond Intention: A Critique of the "Normal" Criminal Agency, Responsibility, and Punishment in American Death Penalty Jurisprudence," in *The Killing State*, ed. Austin Sarat. 1999.
- Couso, Javier. "The Transformation of Constitutional Discourse and the Judicialization of Politics in Latin America", in *Cultures of Legality*, eds. Hunneus et al. Cambridge University Press. 2010.

- Dalla Costa, Mariarosa and Selma James. *The Power of Women and the Subversion of Community*. Falling Wall Press, Ltd. 1972.
- Das, Veena. "Reconstructing the Subject in the Aftermath of Violence," Conference on 'Emotion, Violence and the Subject,' Freiuuniversitat, Berlin, 2012.
- Das, Veena. *Affliction: Health, Disease, Poverty*. Fordham University Press. 2015.
- Das, Veena and Ranendra K. Das. "How the Body Speaks: Illness and the Lifeworld Among the Urban Poor," in *Subjectivity: Ethnographic Investigations*, eds. Joao Biehl, Byron Good, Arthur Kleinman. Berkeley: University of California Press. 2009.
- Das, Veena and Deborah Poole. *Anthropology in the Margins of the State*. SAR Press, 2004.
- Das, Veena, Michael Jackson, Arthur Kleinman and Brigupati Singh, eds. *The Ground Between: Anthropologists Engage Philosophy*. Duke University Press. 2014.
- Das, Veena and Clara Han. Introduction to *Anthropology of Living and Dying in the Contemporary World*, eds. Veena Das and Clara Han. University of California Press. 2016.
- Das, Veena, Roma Chaterjee and Sangeeta Chatertoo. "Death of the Clinic: Normality and Pathology in Recrafting Aging Bodies." In *Vital Signs: Feminist Reconfigurations of the Bio(logical) Body*. Eds. Shildrick and Price. Edinburgh University Press. 2008.
- Dave, Naisargi. *Queer Activism in India: A Story in the Anthropology of Ethics*. Duke University Press. 2012.

- Day, Sophie. "The Re-emergence of Trafficking: Sex Work between Slavery and Freedom." *Journal of the Royal Anthropological Institute*. 2010.
- Day, Sophie. *On the Game: Women and Sex Work*. Pluto Press: 2007.
- De Beauvoir, Simone. *The Second Sex*. ed and trans, EM Parshley. Vintage Books. 1949.
- De Beauvoir, Simone. *La vieillesse*. Vol. 2. Paris: Gallimard, 1970.
- De Marinis, Natalia. "Breaking the Silence: State Violence Towards Triqui Women of Oaxaca, Mexico." *Development* 54 (2011).
- De Sousa Santos, Boaventura "Law: A Map of Misreading. Toward a Postmodern Conception of Law." *Journal of Law and Society*. Vol 14: No. 3 (1987).
- De Sousa Santos, Boaventura. "The Heterogeneous State and Legal Pluralism in Mozambique." *Law and Society Review*. Vol. 40, No. 1 (2006).
- Delvecchio Good, Mary-Jo et al, Introduction to *Postcolonial Disorders: Reflections on Subectivity in the Contemporary World*. University of California Press. 2008.
- Deutscher, Penelope. "The Inversion of Exceptionality: Foucault, Agamben, and 'Reproductive Rights.'" *South Atlantic Quarterly* (2008).
- Deutscher, Penelope. "For a Saturated Intersectionality," *Symposia on Gender, Race and Philosophy*, 2016.
- Desjarlais, Robert. *Shelter Blues: Sanity and Selfhood Among the Homeless*. University of Pennsylvania Press. 1997.
- Dietz, Mary. "Feminist Interpretations of Hannah Arendt," in *Feminist Interpretations of Hannah Arendt*, ed. Bonnie Honig. Pennsylvania State Univ. Press. 1995.

- Dilts, Andrew and Bernard Harcourt. "Discipline, Security, and Beyond: A Brief Introduction," *Discipline, Security and Beyond*, 2009.
- Dixon, Lydia Zacher. "Obstetrics in a Time of Violence: Mexican Midwives Critique Routine Hospital Practices." *Medical Anthropology Quarterly*. Vol. 00 (2014). Douglas, Mary. *Purity and Danger: An Analysis of Concepts of Pollution and Taboo*. Routledge. 1966.
- Dubber, Markus Dirk, and Mariana Valverde. *The New Police Science: The Police Power in Domestic and International Governance*. Stanford University Press. 2006.
- Edelman, Lee. *No Future: Queer Theory and the Death Drive*. Duke University Press. 2004.
- Enslin, Elizabeth. "Feminist Practice and the Limitations of Ethnography." *Cultural Anthropology*. 1994.
- Ewald, Francois. "Law, Discipline and Norms," in *Law and the Order of Culture*. University of California Press. 1991.
- Ewick, Patricia. "Time, Imagination, and Punishment," in *The Punitive Imagination: Law, Justice and Responsibility*, ed. Austin Sarat. The University of Alabama Press. 2014.
- Erviti, Joaquina. *El aborto entre mujeres pobres: sociología de la experiencia*. Cuernavaca, Centro Regional de Investigaciones Multidisciplinarias, UNAM. 2005.
- Erviti, Joaquina, Castro R., and Sosa, I. "Las Luchas clasificatorias en torno al aborto: el caso de los medicos en hospitals publicos de Mexico." *Estudios Sociologicos*. XXVI(72) (2006). 637-665.

- Farman, Abou. "Speculative Matter: Secular Bodies, Minds and Persons," *Cultural Anthropology*. 2013.
- Fassin, Didier. "Another Politics of Life is Possible," *Theory, Culture & Society* 26 (2009) 44-60.
- Favret-Saada, Jeanne. *Deadly Words: Witchcraft in the Bocage*, trans Catherine Cullen. Cambridge University Pres. 1981.
- Foucault, Michel. *Discipline and Punish: The Birth of the Prison*. Vintage Books. 1975 (1995).
- Foucault, Michel. *The Birth of the Clinic: An Archeology of Medical Perception*. Vintage Books. 1973 (1994).
- Foucault, Michel. *Abnormal: Lectures at the College de France, 1974-1975*. Picador. 2003.
- Foucault, Michel. *Psychiatric Power: Lectures at the College de France*, trans. Graham Buurchell. Picador. 2006.
- Foucault, Michel. *Security, Territory, Population: Lectures at the College de France, 1977-1978*. Picador. 2007.
- Ford, Richard. "Law's Territory (A History of Jurisdiction)." *Michigan Law Review*, Vol. 97 (1999).
- Fraser, Nancy. "Rethinking the Public Sphere: A Contribution to the Critique of Actually Existing Democracy." *Social Text*, No. 25 (1990).
- Gammeltoft, Tine. *Haunting Images: A Cultural Account of Selective Reproduction in Vietnam*. University of California Press. 2014.

Garcia, Angela. "Serenity: Violence, Inequality and Recovery on the Edge of Mexico."

Medical Anthropology Quarterly, 2015.

Gilligan, Carol. *In a Different Voice*. Harvard University Press. 1982.

Ginsburg, Faye and Rayna Rapp, eds. *Conceiving the New World Order: The Global*

Politics of Reproduction. University of California Press. 1995.

Ginsburg, Faye, and Rayna Rapp. "The Politics of Reproduction." *Annual Review of*

Anthropology 20 (1991).

Goodale, Mark. "Legalities and Illegalities," in *Companion to Latin American*

Anthropology, ed. Deborah Poole. Blackwell Publishing Ltd. 2008.

Good, Byron. *Medicine, Rationality, and Experience: An Anthropological Perspective*.

The Lewis Henry Morgan Lectures. Cambridge University Press. 1994.

Goodfellow, Aaron. "Pedagogies of the Clinic: Learning to Live (Again and

Again)." In *Wording the World: Veena Das and Scenes of Inheritance*. Ed. Roma

Chatterji. Fordham University Press. 2015.

Gloppen, Siri and Camilla Gianella-Malco. "Access Denied: Abortion Rights in Latin

America." CMI Brief. January, 2014.

Greenhouse, Carol J. "Solidarity and Objectivity: Re-reading Durkheim." In *Crime's*

Power: Anthropologists and the Ethnography of Crime, edited by Philip Parnell

and Stephanie Kane, 269–291. New York: Palgrave Macmillan. 2003.

Grosz, Elizabeth. *Volatile Bodies: Towards a Corporeal Feminism*. Indiana University

Press. 1994.

Grupo de Información en Reproducción Elegida (GIRE). "Omisión e Indiferencia,"

informe.gire.org.mx/libro.html. 2013.

- GIRE, "Paulina: In the Name of the Law." 2000.
- GIRE, "CIFRAS: ILES Realizadas de abril 2007 al 31 de Julio 2015," gire.org.mx. 2015a.
- GIRE, "Ninas y Mujeres sin Justicia: Derechos Reproductivos en Mexico." 2015b.
- GIRE, "¡Viva México!" Dir. Flavio Florencio. 2013.
- Good, Byron J. "A Body in Pain—The Making of a World of Chronic Pain." In *Pain as Human Experience: An Anthropological Perspective*, edited by Mary-Jo Delvecchio Good, Paul E. Brodwin, Bryon J. Good, and Arthur Kleinman, 29-48. Berkeley: University of California Press, 1992.
- Greenhouse, Carol J. "Just in Time: Temporality and the Cultural Legitimation of Law." *The Yale Law Journal* 98.8 (1989).
- Greenhouse, Carol J. "Unexpected properties: Strathern on the Relation of Law and Culture." *Theory, Culture & Society* 31.2-3 (2014).
- Grewal, Inderpal and Victoria Bernal. *Theorizing NGOs: States, Feminism and Neoliberalism*. Duke University Press. 2014.
- Groeneveld, Elizabeth. "Are We All Pussy Riot? On narratives of feminist return and the limits of transnational solidarity." *Feminist Theory*. 0(0) (2015). 1-19.
- Hale, Charles. "Activist Research v. Cultural Critique: Indigenous Land Rights and the Contradictions of Politically Engaged Anthropology." *Cultural Anthropology*, Vol.21:1(2006).
- Hale, Charles A. "The Civil Law Tradition in Twentieth-Century Mexico." *Law and History Review* (2000).

- Hallisey, Charles. "The Secret of a Woman of Ninety: rethinking the very long life." In *Rethinking the Human*. Eds. Michele Molina, Donald K. Swearer and Susan Lloyd McGarry. Harvard University Press. 2010.
- Han, Clara. "Symptoms of Another Life: Time, Possibility and Domestic Relations in Chile's Credit Economy." *Cultural Anthropology*, Vol. 26 (2011).
- Han, Clara. *Life in Debt: Times of Care and Violence in Neoliberal Chile*. University of California Press. 2012.
- Hardt, Michael. "Affective Labor." *Boundary 2* (1999).
- Harper, Ian, Tobias Kelly and Akshay Khanna. Introduction in *The Clinic and the Court: Law, Medicine and Anthropology*. Cambridge University Press. 2015.
- Hartsock, Nancy. "The Feminist Standpoint: Developing the Ground for a Specifically Feminist Historical Materialism," in *Discovering Reality: Feminist Perspectives on Epistemology, Metaphysics, Methodology and Philosophy of Science*. Merrill B Hintikka and Sandra Harding (eds). 2nd Edition. Boston Kluwer Academic Publishers. 2003.
- Hendricks, Jennifer. "Undue Burdens in Texas." *Harvard Law Review* (2013).
- Herrera, Cristina. "Marchas y contramarchas en la atencion a la violencia contra las mujeres en las instituciones de salud mexicanas. *Estudios Sociologicos*, vol.31 (2013).
- Hernandez-Castillo, Rosalva Aida. "National Law and Indigenous Customary Law," in Molyneaux and Razavi. 2002.
- Hernandez, Roberto and Geoffrey Smith. *Presunto Culpable* (2008).
- Honig, Bonnie. "Towards an Agonistic Feminism." In: *Feminist Interpretations of*

- Hannah Arendt.*” Ed, Bonnie Honig. Pennsylvania State University Press. 1995.
- Honig, Bonnie. *Antigone Interrupted*. Cambridge University Press. 2013.
- Howes-Mischel, Rebecca. “Gestating Subjects: Negotiating Public Health and Pregnancy in Transborder Oaxaca,” (PhD. diss, Department of Anthropology, NYU, 2012).
- Htun, Mala. *Sex and the State: Abortion, Divorce and the Family under Latin American Dictatorships and Democracies*. Cambridge University Press. 2003.
- Huneus, Alexandra, Rachel Sieder and Javier Cuoso, eds. *Cultures of Legality: Judicialization and Political Activism in Latin America*. Cambridge University Press. 2010.
- Inter-American Commission on Human Rights (IAHR). “Human Rights Situation in Mexico.” <http://www.oas.org/en/iachr/reports/pdfs/Mexico2016-en.pdf>
- Irigaray, Luce. *An Ethics of Sexual Difference*, trans. Carolyn Burke and Gillian C. Gill. Cornell University Press. 1993.
- Joseph, Gil and Daniel Nugent. *Everyday Forms of State Formation: Revolution and the Negotiation of Rule in Modern Mexico*. Duke Univ. Press. 1994.
- Joyce, Kathryn. "Abortion Foes in Mexico Borrow Tactics from US Allies." *PRI.org*, September 18, 2013.
- Kelly, Patty. *Lydia's Open Door: Inside Mexico's Most Modern Brothel*. University of California Press. 2008.
- Kittay, Eva Feder. *Love's Labor: Essays on Women, Equality and Dependency*. Routledge. 1999.
- Klein-Jean, Iris and Annelise Riles. “Anthropology and Human Rights Administrations: Expert Observation and Representation After the Fact.”

PoLAR, Vol. 28, No. 2 (2005).

Kleinman, Arthur. *The Illness Narratives: Suffering, Healing and the Human Condition*. Basic Books. 1988.

Kleinman, Arthur and Joan Kleinman. "Somatization: The Interconnections in Chinese Society among Culture, Depressive Experiences, and Meanings of Pain," in *Culture and Depression: Studies in the Anthropology and Cross-Cultural Psychiatry of Affect and Disorder*, eds. Arthur Kleinman and Byron Good. University of California Press. 1987.

Kleinman, Arthur, Veena Das and Margaret Lock, eds. *Social Suffering*. University of California Press. 1997.

Klingen, Nicole. "Universal Healthcare on the Rise in Latin America." February 14, 2013. <http://www.worldbank.org/en/news/feature/2013/02/14/universal-healthcare-latin-america>.

Knight, Alan. "Subalterns, Signifiers, And Statistics: Perspectives on Mexican Historiography." *Latin American Research Review* 37 (2002).

Kristeva, Julia. "Woman's Time." *Signs*. 1981.

Kristeva, Julia. *The Powers of Horror: An Essay on Abjection*. Columbia University Press. 1982.

Lamas, Marta. *Feminismo*. Taurus, 2007.

Lamas, Marta. "Despenalizar el aborto para una maternidad voluntaria". Arguments presented in 2008 Public Audiences of the National Supreme Court. April 25, 2008a.

Lamas, Marta. Introduccion en *Despenalizacion del aborto en la ciudad de Mexico*:

- Argumentos para la reflexion*, eds. Lourdes Enriquez y Claudia de Anda. UNAM, PUEG, IPAS. 2008b.
- Lambek, Michael. Introduction in *Ordinary Ethics: Anthropology, Language and Action*. Fordham University Press. 2010.
- “Las Libres: La Historia después de...” Dir. Gustavo Montaña. 2014.
- Latour, Bruno. *The Making of Law: An ethnography of the conseil d’etat*. Polity Press. 2010.
- Laugier, Sandra. “Matter and Mind: Cavell’s (Concept of) Importance.” *MLN*. Vol 126. No. 5. 2011.
- Laugier, Sandra. “The Ethics of Care as a Politics of the Ordinary.” *New Literary History*, vol. 46 (2015).
- Laurell, AC. "Health Reform in Mexico: The Promotion of Inequality." *International Journal of Health Services*, 2001.
- Laurell, AC. "Health Reform in Mexico City, 2000-2006." *Social Medicine* Vol. 3, No. 2. 2008.
- Le Doeuff, Michèle. *Hipparchia's Choice: An Essay Concerning Women, Philosophy, Etc*, trans. Trista Selous. Oxford University Press. 1991.
- Leal, Alejandra. “Burocracia, justicia y pluralismo jurídico: una exploración de los espacios del poder en Oaxaca.” *Alteridades*, 16(31) (2006).
- Lemaitre, Julieta. “Catholic Constitutionalism on Sex, Women and the Beginning of Life,” in *Abortion Law in Transnational Perspective*, eds. Cook et al. University of Pennsylvania Press. 2014.
- Leonard, Lori, Greene, J.L., and Erbeling, E. “Persons, Places, and Times: The

- Meanings of Repetition in an STD clinic.” *Medical Anthropology Quarterly*, 21 (2007).
- Lerner, Susana and Agnes Guillame. “El aborto en America Latina y Caribe.” 2006.
http://www.ceped.org/cdrom/avortement_ameriquelatine_2006/sp/intro.html
- Lévi-Strauss, Claude. "The Effectiveness of Symbols." In *Structural Anthropology*. Basic Books. 1963.
- Lock, Margaret. *Encounters with Aging: Mythologies of Menopause in Japan and North America*. University of California Press. 1993.
- MacKinnon, Catherine A. "Sexuality, Pornography, and Method: Pleasure Under Patriarchy." *Ethics* 99.2 (1989).
- Macune, Charles. The Impact of Federalism on Mexican Church-State Relations, 1824-1835.” *The Americas*, Vol. 40 (1984).
- Madrazo, Alejandro and Estefania Vela. “The Mexican Supreme Court’s (Sexual) Revolution.” *Texas Law Review*. 2013.
- Madrazo, Alejandro. “Narratives of Prenatal Personhood in Abortion Law,” in *Abortion Law in Transnational Perspective*, eds Cook et al. University of Pennsylvania Press. 2014.
- Mahmood, Saba. *The Politics of Piety: Islamic Revival and the Feminist Subject*. Princeton University Press. 2004.
- Malkin, Elisabeth. "Many States in Mexico Crack Down on Abortion." *The New York Times* (2010).
- Martin, Emily. *The Woman in the Body: A Cultural Analysis of Reproduction*. Boston: Beacon Press. 1992.

- Martinez, Maria Elena. *Genealogical Fictions: Limpieza de Sangre, Religion and Gender in Colonial Mexico*. University of Stanford Press. 2009.
- Marquez- Carrasquillo, Lournna and David Shirk. "State Level Justice Reform Initiatives in Mexico." *Transborder Institute Brief*. 2008.
- Mattingly, Cheryl. *Healing Dramas and Clinical Plots: The Narrative Structure of Experience*. Vol. 7. Cambridge University Press, 1998.
- Mauss, Marcel. "Gift, gift." *The Logic of the Gift: Toward an Ethic of Generosity*: 28-32. 1997.
- Mayer, Tamar, ed. *Gender Ironies of Nationalism: Sexing the Nation*. Routledge. 2000.
- Melhuus, Marit. "A Shame to Honor: A Shame to Suffer." *Ethnos*, Vol. 55 (1990). 5-25.
- Merry, Sally Engle. "Anthropology and International Law." *Annual Review of Anthropology*. 2006. 99-116.
- Merry, Sally Engle. "Transnational Human Rights and Local Activism: Mapping the Middle." *American Anthropologist* (2006).
- Merry, Sally Engle. *Human Rights and Gender Violence*. University of Chicago Press. 2006.
- Merryman, John Henry. *The Civil Law Tradition: An Introduction to the Legal Systems of Europe and Latin America*. Stanford University Press. 1969.
- Miller, Marjorie. "Mexico's Church-State Ties Step Out From the Shadows." *LaTimes*. 29 April 1990.
- Mills, Lisa. "Accounting for Blame: The Paradoxical Consequence of Measuring Maternal Death in Mexico." *Social Politics*, Vol. 22 (2015).
- Minh ha, Trinh T. *Reassemblage*. 1982.

- Mol, Ann Marie. "The Citizen Body." in *The Logic of Care*. Routledge. 2006.
- Mol, Ann Marie. *The Body Multiple: Ontology in Medical Practice*. Duke University Press. 2002.
- Molyneux, Maxine. "Mothers at the Service of the New Poverty Agenda: Progres/Oportunidades, Mexico's Conditional Transfer Programme." *Social Policy & Administration* 40.4 (2006).
- Monsivais, Carlos. *El Estado Laico y sus Malquerientes*. UNAM. 2008.
- Mookherjee, Nayanika. *The Spectral Wound: Sexual Violence, Public Memories, and the Bangladesh War of 1971*. Duke University Press. 2015.
- Mulla, Sameena. *The Violence of Care: Rape Victims, Forensic Nurses and Sexual Assault Intervention*. NYU Press. 2014.
- Mulla, Sameena and Heather Hvlaka. "Gendered Violence and the Ethics of Social Science Research." *Violence Against Women* (2011).
- Nader, Laura. *Harmony Ideology: Justice and Control in a Zapotec Mountain Village*. Stanford Univ. Press. 1990.
- Mohanty, Chandra Topade. *Feminism Without Borders: Decolonizing Theory, Practicing Solidarity*. Duke University Press. 2003.
- Obarrio, Juan. *The Spirit of Laws in Mozambique*. University of Chicago Press. 2014
- O'Brien, Mary *The Politics of Reproduction*. Routledge and Kegan Paul. 1981.
- O'Neill, Kevin Lewis. Introduction to *City of God: Christian Citizenship in Postwar Guatemala*. University of California Press. 2010.
- Ortiz-Ortega, Adriana. "Law and the Politics of Abortion" in *Decoding Gender: Law and Practice in Contemporary Mexico*, eds. Baitenmann et all. Rutgers University

- Press. 2007.
- Ortiz-Ortega, Adriana and Mercedes Barquet. "Gendering Transition to Democracy in Latin America." *Latin American Research Review*. 2010.
- Pateman, Carol. "The Disorder of Women: Women, Love, and the Sense of Justice." *Ethics*, Vol. 91(1980).
- Pérez–Stadelmann, Cristina. "Madres Solteras Desafían Estereotipos" en *El Universal*, 30 de Agosto de 2006.
- Petras, James. "Imperialism and NGOs in Latin America." *Monthly Review: An Independent Socialist Magazine*. Vol. 49 (1997).
- Pitkin, Hannah Fenchel. *The Attack of the Blob: Hannah Arendt's Concept of the Social*. University of Chicago Press. 1998.
- Pinto, Sarah. *Daughters of Parvati: Women and Madness in Contemporary India*. University of Pennsylvania Press. 2014.
- Pinto, Sarah. "Consuming Grief: Infant Death in the Postcolonial Time of Intervention," in *Postcolonial Disorders*, eds Mary-Jo Delvecchio Good et al. University of California Press. 2008.
- Pizzi, William and Luca Marafioti. "The New Italian Code of Criminal Procedure: The Difficulties of Building an Adversarial System on a Civil Law Foundation." *The Yale Journal of International Law*. Vol. 17(1992).
- Poniatowska, Elena. *La Noche de Tlatelolco: Testimonios de Historia Oral*. Ediciones Era: 2014.
- Poole, Deborah. "Between Threat and Guarantee: Justice and Community in the Margins of the Peruvian State," in *Anthropology in the Margins of the State*. School of

- American Research Press. 2004.
- Poole, Deborah. "Los Usos de los Costumbres: Hacia una antropología jurídica del estado neoliberal." *Alteridades*. 16:31 (2006).
- Poole, Deborah. "An Excess of Description." *Annual Review of Anthropology*. 2005.
- Povinelli, Elizabeth. "Radical Worlds: The Anthropology of Incommensurability and Inconceivability." *Annual Review of Anthropology*. Vol. 30. 2002.
- Povinelli, Elizabeth. *The Empire of Love: Towards a Theory of Intimacy, Genealogy and Carnality*. Duke University Press. 2007.
- Povinelli, Elizabeth. *Economies of Abandonment: Social Belonging and Endurance in Late Liberalism*. Duke University Press. 2011.
- Pruitt, Lisa and Marta Vanegas. "Urbannormativity, Spatial Privilege, and Judicial Blindspots in Abortion Law." *Berkeley Journal of Gender, Law and Justice* (2014).
- Rapp, Rayna. *Testing Women, Testing the Fetus: The Social Impact of Amniocentesis in America*. Routledge. 1999.
- Reader, Soran. "The Other Sider of Agency." *Philosophy*, 82(4). 2007.
- Reader, Soran. "Abortion, Killing and Maternal Moral Authority." *Hypatia*. 2008.
- Rechtman, Richard. "Writing Echoes of Suffering," Presentation in the Department of Anthropology Colloquia, 2015.
- Reyes-Kipp, Anaid Citlalli. "Adoption Bureaucracies: Expert Knowledge, Documents and Race in the Making of Adoptive Families in Central Mexico." (PhD diss., Johns Hopkins University, 2014).
- Reyes-Kipp, Anaid Citlalli. "New Lives for Children: Adoption Documents and the Law

- in Central Mexico,” in *Living and Dying in the Contemporary World, A Compendium*, eds. Veena Das and Clara Han. University of California Press. 2016.
- Rich, Adrienne. *On Secrets, Lies and Silence: Selected Prose*. WW Norton Company, Inc. 1979.
- Richland, Justin. “Jurisdiction: Grounding Law in Language.” *Annual Reviews of Anthropology*. 2013.
- Riles, Annelise. “Anthropology, Human Rights, and Legal Knowledge: Culture in the Iron Cage.” *American Anthropologist*. 2006.
- Riles, Annelise. *The Network Inside Out*. University of Michigan Press. 2001.
- Roberts, Dorothy. *Killing the Black Body: Race, Reproduction and the Meaning of Liberty*. First Vintage Books Edition. 1997.
- Roberts, Elizabeth F.S. and Lynn Morgan. “Reproductive Governance in Latin America.” *Anthropology and Medicine*. Vol. 19 (2012).
- Roitman, Janet. “The Ethics of Illegality in the Chad Basin,” in *Law and Disorder in the Postcolony*, eds. John and Jean Comaroff. University of Chicago Press. 2006
- Rose, Nikolas and Mariana Valverde. “Governed by Law?” *Social and Legal Studies International Journal*. 1998.
- Rose, Nikolas, Pat O’Malley and Mariana Valverde. “Governmentality,” *Annual Review, Law and Social Sciences* 2:83-104 (2006).
- Ruibal, Alba. “Reform and Backlash in Mexico’s Abortion Law.” Annual Meeting of the American Political Science Association. 2014.

- Ruddick, Sara. *Maternal Thinking: Toward a Politics of Peace*. Boston: Beacon Press. 1989.
- Sanchiz, Alejandro Agudo. *Una Etnografía de la Administración de la Pobreza: La Producción Social de los Programas de Desarrollo*. Universidad Iberoamericana. 2014.
- Sarat, Austin. *The Killing State: Capital Punishment in Law, Politics and Culture*. Oxford University Press. 1999.
- Saria, Vaibhav. "The Pregnant Hijra: Laughter, Dead Babies, and Invaluable Love," *Living and Dying in the Contemporary World, A Compendium*, eds. Veena Das and Clara Han. University of California Press. 2016.
- Scarry, Elaine. *The Body in Pain*. Oxford University Press. 1987.
- Scheper-Hughes, Nancy. "The Human Strategy: Death Without Weeping." *Natural History Magazine* 98.10 (1989).
- Scheper-Hughes, Nancy. *Death Without Weeping: The Violence of Everyday Life in Brazil*. University of California Press. 1992.
- Scheper-Hughes, Nancy and Margaret Lock. 1987. "The Mindful Body: A Prolegomenon to Future Work in Medical Anthropology." *Medical Anthropology Quarterly* 1 (1): 6-41.
- Schiavon, Raffaella et al. "Analysis of Maternal and Abortion-Related Mortality in Mexico Over the Last Two Decades, 1990-2008." *International Journal of Gynecology and Obstetrics* (2012).
- Schild, Verónica. "Institutional Feminist Networks and Their 'Poor': Localizing Transnational Interventions." *Latin American Policy* 5.2 (2014).

- Schmitt, Carl. *Political Theology: Four Chapters of the Concept of Sovereignty*. University of Chicago Press. 2006.
- Scott, Joan Wallach. *The Fantasy of Feminist History*. Duke University Press. 2011.
- Secretaria de Salud del Gobierno del Distrito Federal. “Programa de Interrupción Legal del Embarazo por procedimiento, lugar de residencia y por unidad medica,” in *Agenda Estadística*. 2010.
- Seed, Patricia. *To Love, Honor and Obey in Colonial Mexico: Conflicts over Marriage Choice*. Stanford University Press. 1992.
- Sieder, Rachel. “Legal Cultures in the (Un)Rule of Law: Indigenous Rights and Juridification in Guatemala”. In *Cultures of Legality*. Eds. J. Couso, A. Huneus and R Sieder. Cambridge University Press. 2010.
- Sieder, Rachel. “Contested Sovereignities: Indigenous law, violence and state effects in postwar Guatemala”. *Critique of Anthropology* 31(3) (2011).
- Sieder, Rachel et all, eds. *The Judicialization of Politics in Latin America*. Palgrave Macmillan. 2005.
- Sieder, Rachel et all, eds, *Gender Justice and Legal Pluralities: Latin American and African Perspectives*. Routledge. 2013.
- Sierra, MT. “The Revival of Indigenous Justice in Mexico: Challenges for Human Rights and the State”. *Political and Legal Anthropology Review*, Vol. 28. No. 1. 2005.
- Sierra, MT. “Indian Rights and Customary Law in Mexico.” *Law and Society Review* (1995).

- Smith-Oka, Vania. "Managing Labor and Delivery Among Impoverished Populations in Mexico: Cervical Examinations as Bureaucratic Practice." *American Anthropologist*. Vol.115 (2013).
- Smith-Oka, Vania. "Fallen Uterus: Social Suffering, Bodily Vigor, and Social Support among Women in Rural Mexico." *Medical Anthropology Quarterly* 28.1 (2014).
- Smith-Oka, Vania. "Microaggressions and the Reproduction of Social Inequalities in Medical Encounters in Mexico." *Social Science & Medicine* 143 (2015).
- Speed, Shannon. "At the Crossroads of Human Rights and Anthropology: Toward a Critically Engaged Activist Research." *American Anthropologist*, Vol. 108 (2006a).
- Speed, Shannon. "Rights at the Intersection, Gender and Ethnicity in Neoliberal Mexico". In *Dissident Women*, eds. S. Speed, A. Hernández Castillo, and L. Stephen. Univ. Of Texas Press. 2006b.
- Starrs, Ann M. "Safe Motherhood Initiative: 20 Years and Counting." *The Lancet* 368.9542 (2006).
- Stepan, Nancy Leys. *The Hour of Eugenics: Race, Gender and Nation in Latin America*. Cornell University Press. 1991.
- Stephen, Lynn. *Women and Social Movements in Latin America: Power from Below*. University of Texas Press. 1997.
- Stephen, Lynn. "The Construction of Indigenous Suspects: Militarization and the Gendered and Ethnic Dynamics of Human Rights Violations in Southern Mexico." *American Ethnologist*. 1999.
- Stern, Alexandra Minna. "Responsible Mothers and Normal Children: Eugenics,

- nationalism, and Welfare in Post-Revolutionary Mexico". *Journal of Hist. Sociology*, Vol. 12(2002). 369-397
- Strathern, Marilyn. "An Awkward Relationship: The Case of Feminism and Anthropology." *Signs*, Vol. 12 (1987).
- Strathern, Marilyn. "Discovering "Social Control." *Journal of Law and Society* Vol.12, No.2 (1985).
- Strathern, Marilyn. "Disembodied Choice," in *Other Intentions: cultural contexts and the attribution of inner states*, ed. Lawrence Rosen. School of American Research Press. 1995.
- Strathern, Marilyn. "Cutting the Network." *Journal of the Royal Anthropological Institute* (1996).
- Strathern, Marilyn. *Partial Connections*. Updated edition. Walnut Creek, CA: Altamira Press. 2004.
- Strathern, Marilyn. *Kinship, Law and the Unexpected: Relatives Are Always a Surprise*. Cambridge University Press, 2005.
- Street, Alice. "Affective Infrastructure: Hospital Landscapes of Hope and Failure." *Space and Culture* (2011).
- Street, Alice. "Seen by the State: Bureaucracy, Visibility and Governmentality in a Papua New Guinean Hospital." *The Australian Journal of Anthropology* 23.1 (2012).
- Ticktin, Miriam and Ilana Feldman, Introduction in *In the Name of Humanity: The Government of Threat and Care*. Duke University Press. 2010.
- Tronto, Joan. *Moral Boundaries: A Political Argument for an Ethic of Care*. Routledge. 1993.

- Tsing, Ana. *Friction: An Ethnography of Global Connection*. Princeton University Press. 2005.
- Tsing, Ana. "Monster Stories: Women Charges with Perinatal Endangerment," in *Uncertain Terms: Negotiating Gender in American Culture*, eds. Ana Tsing and Faye Ginsburg. Beacon Press. 1990.
- University of Minnesota Human Rights Library, Paulina del Carmen Ramírez Jacinto v. Mexico, Case 161-02, Report No. 21/07, Inter-Am. C.H.R., OEA/Ser.L/V/II.130 Doc. 22, rev. 1 (2007).
- Valverde, Mariana. *Law's Dream of a Common Knowledge*. Princeton University Press. 2003.
- Valverde, Mariana. "Jurisdiction and Scale: Legal 'Technicalities' as Resources for Theory." *Social and Legal Studies*. 2006.
- Valverde, Mariana. "Studying the Governance of Crime and Security: Space, Time and Jurisdiction." *Criminology and Criminal Justice* 14.4 (2014).
- Valverde, Mariana. *Chronotopes of Law: Jurisdiction, Scale, and Governance*. Routledge 2015.
- Warner, Michael. "Publics and Counter-publics" *Public Culture* Vol. 14. Duke University Press. 2002.
- Weeks, Kathi. *The Problem with Work: Feminism, Marxism, Antiwork Politics, and Postwork Imaginaries*. Duke University Press. 2011.
- Williams, Claire. "Framing the Fetus in Medical Work: Rituals and Practices." *Social Science and Medicine*, May: 60 (9): 2085- 2095. 2005.

Woldenberg, José. "La Transición Democrática Mexicana." *México: Comisión de Derechos Humanos del Distrito Federal* (2009).

Young, Iris Marion. "Asymmetrical Reciprocity: On Moral Respect, Wonder, and Enlarged Thought." *Constellations*, Vol. 3 (1997).

Zamora, Stephen et al, eds, *Mexican Law*. Oxford University Press. 2004.

Zerilli, Linda. "The Arendtian Body," in *Feminist Interpretations of Hannah Arendt*, ed, Bonnie Honig. Pennsylvania State Univ. Press. 1995.

Zerilli, Linda. "A Process without a Subject: Simone de Beauvoir and Julia Kristeva on Maternity." *Signs*. Vol.8: No.1 (1992).

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EDUCATION

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Dissertation: “Temporalities of Exception: Abortion Law, Feminist Advocacy and Clinical Intervention in Mexico City”

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PROFESSIONAL APPOINTMENTS

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RESEARCH AND TEACHING INTERESTS

Legal and Medical Anthropology; Gender and Illness Experience; Politics of Reproduction; Law, Temporality and Jurisdiction; Feminist and Queer Theory; Mexico, Latin America and the United States

SELECTED GRANTS, AWARDS AND FELLOWSHIPS

Community-Engaged Scholar Award, JHU Center for Social Concern, 2016

Woodrow Wilson Dissertation Fellowship in Women’s Studies, Spring 2015

Program in Latin American Studies Teaching Fellowship, 2015

Women, Gender and Sexuality Studies Graduate Teaching Fellowship, 2015

Wenner Gren Foundation Dissertation Fieldwork Grant, 2013-2014

National Science Foundation Doctoral Dissertation Improvement Grant, 2012

PUBLICATIONS

“Undue Burden and the Discursive Limits of Reproductive Rights,” *Sexualities, Open Humanities Press*

Manuscripts in Submission

“Reproductive Labor and Ethical Worlds: The Ephemeral Politics of Feminist Accompaniment Networks,” Under Revision for *Feminist Theory*

“Collective Expressions of Pain in Mexico City Abortion Clinics,” In Preparation for a Special Issue edited by Saiba Varma and Emma Varley in *Medical Anthropology*

INVITED TALKS

Centre on Law and Social Change, University of Bergen and CIESAS-DF, “Ethnographic Perspective on the Decriminalization of Abortion in Mexico City,” Seminar on Reproductive Rights Lawfare in Latin America, Mexico City, September 2014
Centro de Estudios Antropológicos, Colégio de Michoacán, “The Materiality of Legal Violence,” Zamora, México, April 2014

RECENT CONFERENCE PARTICIPATION

Panels Organized

Feminist and Ethnographic Modes of Inquiry, with Megha Sehdev, American Anthropological Association, Minneapolis, Minnesota, November 2016

Conferences Organized

Critical Approaches to Law and Lawlessness in Latin America, Program in Latin American Studies, Key Note Speaker: Dr. Rachel Sieder, Johns Hopkins University, 2012
Commemorations, Department of Anthropology, Key Note Speaker: Dr. Heonik Kwon, Johns Hopkins University, 2011

Papers Presented

“‘The gift can be poisonous’: Language, Pain, and Reproductive Rights,” American Anthropological Association, Denver, Colorado, November 2015
“The Regulation of Abortion and the Logic of Jurisdiction,” Latin American Studies Association, San Juan, Puerto Rico, March 2015
“Affective Labor and Feminist World-Making,” Graduate Student Conference, Department of Anthropology, Johns Hopkins University, Dec 2015
“Ambivalent Kinship: Reproductive Choice and Institutional Relations of Care and Violence in Mexico City,” American Anthropological Association, Washington D.C., December 2014

TEACHING EXPERIENCE

Instructor, Johns Hopkins University

Law and Political Imagination in Latin America, Latin American Studies, Spring 2016
Internship/Practicum: Critical Theory and Social Justice, Program for the Study of Women, Gender and Sexuality, Spring and Fall 2015

Teaching Assistant, Johns Hopkins University

Anthropologies of Health and Economy, Aftermaths of Violence in Latin America, Invitation to Anthropology, Introduction to Anthropology through Ethnographic Film

INTERNSHIP ADVISING

Neha Thummala, Public Health Studies, “Meanings of Illness Beyond the Clinic: Working for Equity in Healthcare,” Charm City Clinic, Fall 2015
Nadine Kronis, Anthropology, “Rights, Relativism, and Racial Justice: The Native American Legal Subject,” American Civil Liberties Union, Spring 2015

Ella Rogers-Fett, History, "Healing in Public: The Monument Quilt as Model and Method of Support," FORCE, Upsetting Rape Culture, Fall 2015
Rinas Osman, Public Health Studies, "Language of the People: Law, Politics and People," Baltimore Right to Housing Alliance, Fall 2015
Geena St Andrew, Sociology, "Housing as a Human Right," Baltimore Right to Housing Alliance, Spring 2015
Christianne Bharath, Global Environmental Change and Sustainability, "Queer Identities and the Black Church," National Black Justice Coalition, Fall 2015
Diana Tappert, International Studies, "Institutions and Intimate Partner Violence," House of Ruth, Spring 2015

PROFESSIONAL EXPERIENCE

Assistant Editing, *Anthropology of Living and Dying in the Contemporary World: A Compendium*, Edited by Veena Das and Clara Han, University of California Press, 2015

Graduate Student Liaison, Program for the Study of Women, Gender and Sexuality, Johns Hopkins University, 2010-2011 and 2015

ADVOCACY WORK

Undergraduate Lecture Series, Fall 2015

Organized public lectures with speakers from the Baltimore Racial Justice Action, Baltimore Right to Housing Alliance, and the Charm City Clinic at Johns Hopkins University

Internship-Practicum Course, Spring and Fall 2015

Collaborated with the Program for the Study of Women, Gender and Sexuality and the Center for Social Concern to design an interdisciplinary community-based learning course for advanced undergraduate students at Johns Hopkins University

Sexual and Reproductive Rights Advocacy, 2009-Present

Participatory research with feminist activists working for reproductive and sexual rights and healthcare access in Mexico

LANGUAGES

Spanish (highly proficient)